Food Access in Brownsville, Brooklyn: Environmental Justice Meets Biopower

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ABSTRACT

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Food access has become a popular area of concern in both urban planning and public health as both fields are directing increasing attention to the role that uneven neighbourhood food environments play in diet practices and health outcomes. This research investigates two food access expansion projects underway in New York City by looking at how they are implemented in the neighbourhood of Brownsville in the borough of Brooklyn. One, the Brownsville Youthmarket, run by the city-wide nonprofit GrowNYC, is a farmers' market intervention that increases access to fresh fruit and vegetables by hiring neighbourhood youth to sell regional produce. The second, Shop Healthy, is an initiative run by the New York City Department of Health and Mental Hygiene (and its District Public Health Offices). It encourages bodega owners to stock healthier items in their stores, including fruits and vegetables. By drawing on concepts of environmental justice and biopower, this research shows how these programs are characterized by competing motivations and strategies. While the stated rationale for these food access programs is to improve food environments by bringing more healthy items into underserved neighbourhoods, they rely upon nutrition education and cooking skills programs that indicate that the underlying problem is a lack of knowledge about what food is healthy and how to prepare it. This gap between motivations and strategies reveals a great distance between city-level actors and the residents of the neighbourhoods that they aim to help. Program designers fail to understand the true barriers to healthy eating in predominantly poor and minority communities and thus intervene with programs that do little to meaningfully change the food environment in ways that address residents' needs.

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Introduction: Food Access in Brownsville

"How to manage concurrent crises of wealth inequality, population growth, and climate change? With farmers' markets, apparently."

-*New Yorker* review of Uneven Growth: Tactical Urbanisms for Expanding Megacities, an exhibit at the Museum of Modern Art. December 5, 2014

Leslie Knope: Opening this farmers' market was one of my greatest achievements as city councilor. It's good for the economy, it's good for families, and it's good for promoting a healthy lifestyle, which Pawnee desperately needs.
Woman: (Holding a broccoli) Look at this tiny tree. Can you eat this? Aww.
Man: (Holding a cauliflower) This one's dead.

-*Parks and Recreation* (Episode 102), January 23, 2014

A concern for food access has an enormous amount of power over the imagination in the current moment. Projects like farmers' markets—as the quotations above show—but also farm-share boxes, community gardens, bodega improvement schemes, food cooperatives, and campaigns to attract new supermarkets to underserved areas are offered as solutions for many of society's ills. Increased and enhanced options for food retail can provide places for socializing, host activities for kids, re-activate urban spaces, increase economic activity, anchor other business, offer ways for immigrants to feel at home in their adoptive countries, be a venue for cooking demonstrations and nutrition lessons, offer a way for people to start small businesses, and above all, be a mechanism for increasing access to fresh and healthy food.[1]

[1] The dramatic growth of farmers' markets in the United States over the past few decades (growing from 1,755 markets in 1994 to 8,268 in 2014, with today's numbers showing 78% increase since 2008) is one way to put numbers to this observed increased popularity (United States Department of

This attention to food access is one aspect of the growth of a "food movement" (Pollan 2010). Increasingly, the impact of our food system—often termed the "industrial" or "conventional" food system—has been blamed for environmental, economic, and other degradations (Patel 2007). The long distances that food travels, the use of fertilizers and intensive farming techniques, and the loss of small farms to factory-farming operations and the consequences of such practices has spurred a movement to reclaim food: to re-localize it, diversify it (e.g. via heirloom tomatoes and heritage breed turkeys), and return to farming practices more in tune with natural rhythms. Evidence abounds that this movement has taken off. Whole Foods supermarkets, Michelle Obama's organic White House Garden, and the names of local farms on the menus at upscale restaurants all point to a growing importance of knowing the provenance of one's food. As this movement grows, however, many are beginning to recognize that caring about where your food comes from is not a luxury available to all. Eating according to the tenets of this food movement is expensive, both in money and in time. The corner bodega sells milk, but if you care about hormone free, organic, local, or minimally pasteurized dairy, you must wait to visit the farmers' market or travel to the fancy shops with carefully "curated" food selections.

A counter-movement has sprung out of this organic fervor, a food justice movement that seeks to bring attention to the way that the poor and people of colour still do not have access to the plentiful and cheap food that the alternative

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Agriculture Agricultural Marketing Service 2014; United States Department of Agriculture Office of Communications 2014).

food movement rails against. This fight is framed by segregation, disinvestment, and disproportionate health outcomes; it highlights the way that disadvantaged communities have been abandoned by the standard institutions of middle class progress: parks are in disrepair, schools are bad, employment is scarce, and it is nearly impossible to buy affordable healthy food in inner-city neighbourhoods.

This absence has its own negative consequences. Health disparities are primary, but the way food retail contributes to neighbourhood economic development and community vitality are also concerns. Supermarkets, however, are primarily private businesses that require large parcels and assured profits before they are sited in any given location, and this is where alternative food retail strategies fit. Small outdoor farmer's markets, where growers and producers can set up tents and tables and sell their wares, are quick to establish, require no building, and are usually held on public land like parks or streets. Similarly, farm-share and food box programs use churches and community centres (and sometimes local bars or restaurants) to distribute boxes, and bodega-improvement programs work with already-existing stores. These types of interventions are a way to address a lack of access to fresh fruit and vegetables in underserved neighbourhoods quickly and inexpensively while (in some cases) incorporating some touchstones of the elite food movement. That is, because farmers' markets are a potent symbol of the organic-and-local movement, they benevolently extend the aura of that ethos to cover the food access pursuits: not only are these projects of food access, they are about "good" food, "authentic" food, food the way it "should" be sold.

This dissertation concerns two programs to increase access to fresh fruit and vegetables in New York City, and the way that elite ideas of what food access looks like undergird these interventions. One, the Brownsville Youthmarket, is a farmers' market program. The other, Shop Healthy, works to get healthier food items into bodegas. These programs are a response to the food access inequities and concomitant health disparities seen in New York City, particularly in poor, minority neighbourhoods. By identifying food access as a barrier to a healthy city, municipal-level and non-profit agents are able to intervene in the hopes of eliminating discrepancies between food available across neighbourhoods. These programs signal a commitment to narrowing the divide between the rich and the poor—not in terms of income, but in terms of neighbourhood comforts and life chances. There is a sincere and honest belief that all people should be able to purchase groceries in their neighbourhoods because the simple day-to-day functions of life should not be significantly more difficult for the poor. This dissertation explores what understandings drive these projects to increase access to healthy food in particular, and uncovers what the programs look like on the ground, in the neighbourhoods far from the offices of the New York City Departments of Health and City Planning.

However, these programs reveal motivational conflict on the part of program designers: a tension between the desire to improve the food environment directly, on one hand, and the desire to educate certain populations and make individuals and communities responsible for that food environment, on the other. This conflict provides the core theoretical question of this dissertation: is healthy food access a question of environmental justice or biopolitical governance? That is, is food access

a problem of uneven distribution of food retail that is best solved by bringing fresh fruit and vegetables into undeserved neighbourhoods? Or is it a reflection of certain groups' failure to desire and demand healthy food, which ought to be addressed through nutrition education campaigns and shopping and cooking workshops? Can it be both? What does the overlap of these competing frames reveal about the relationship between experts and policymakers trying improve the health and wellbeing of certain groups and the targets of the interventions? Can people in charge accurately understand the needs of the marginalized and design solutions that are achievable, effective, and just? More concretely, I aim to understand the ways in which the programs I am investigating understand or rely on an ethic of requiring people to take responsibility, and how this ethic is embedded in the community and spatial focus of the programs, and to understand what drives that understanding. In what ways are the programs about expanding access, and in what ways are they about succeeding at making people thinner and healthier?

Discovering Differential Food Access in New York City

New York City's municipal government first raised the issue of inequitable food access in 2008 when it conducted a survey of the city's supermarkets and released a report, titled "Going to Market," identifying a supermarket shortage (New York City Department of City Planning, New York City Department of Health and Mental Hygiene, and New York City Economic Development Corporation 2008). This report used a metric—the Supermarket Need Index (SNI)—to identify underserved

neighbourhoods with a capacity for new stores,[2] and found that approximately three million New Yorkers in upper Manhattan, the south Bronx, and central Brooklyn live in neighbourhoods with insufficient food access.

"Going to Market" notes the connection between areas underserved by supermarkets and rates of diet-related diseases, and stresses the ability of supermarkets to create jobs, improve quality of life, increase property value, recapture grocery spending lost to suburbs, and serve as retail anchors to revitalize lackluster urban areas. It notes the success of the Harlem Pathmark which opened in 1999 (and was the first full-service supermarket to open in the neighbourhood in 30 years (Pristin 1999)). "Going to Market" claims Pathmark anchored the 125th street retail corridor and created 275 jobs.

The report recommends that the City use three available tools to spur the creation of new supermarkets: modification of land-use regulations, rezoning to permit supermarkets as-of-right, and promotion of the development of supermarkets in the disposition of city-owned land (New York City Department of City Planning, New York City Department of Health and Mental Hygiene, and New York City Economic Development Corporation 2008). Some of these recommendations were enacted into formal policy with the introduction of the Food Retail Expansion to Support Health (FRESH) program the following year, a series of zoning and tax incentives to aid the creation of new supermarkets in the areas identified in "Going to Market" (New York City 2009; Lee 2009).

[2] The criteria that the SNI takes into account are: high rates of diabetes and obesity, low consumption of fruit and vegetables, low share of fresh food retailers, a capacity for new grocery stores, high population density, low car access, and low household income.

This citywide interest in food access came out of community-led research that took stock of the inequity in neighbourhood food environments. In 2006, the New York City Coalition Against Hunger released a study of food resources in three low-income community districts; the study showed a lack of nutritious food available in those neighbourhoods compared to wealthier ones (Bakelaar et al. 2006). That same year, the Brooklyn District Public Health office published a report about the difficulty of finding healthy food in North and Central Brooklyn (Graham et al. 2006); the Harlem District Public Health Office published a similar report the year after (Gordon et al. 2007). Local organizations put out their own documents and proposals as well, including Families United for Racial and Economic Justice (FUREE) and the Urban Justice Center (2009), assessing the need for healthy food in Downtown Brooklyn.[3]

In almost all of these instances, the change sought was the creation or attraction of new supermarkets. This makes intuitive sense: if the identified problem is a lack of supermarkets, then building or attracting new ones is an obvious solution, and one with precedent. The model for the FRESH program was, in part, Pennsylvania's Fresh Food Financing Initiative (FFFI) which was established in 2004 to attract supermarkets to underserved areas (The Reinvestment Fund n.d.).

[3] Around the same time food issues became a concern in urban planning practice and scholarship, with the publication of Pothukuchi's (2009) article "Community and Regional Food Planning: Building Institutional Support in the United States" (as part of a special issue in *International Planning* Studies titled "Feeding the City") and two publications from the American Planning Association: *Policy Guide on Community and Regional Food Planning* (American Planning Association 2007), and *A Planners Guide to Community and Regional Food Planning* (Raja, Born, and Kozlowski Russel 2008). However, not all food planning is about equitable access. These documents concern economic and environmental aspects of the food system, urban-hinterland connections, farmers' markets, community gardens, and food distribution networks, among other topics.

Further, academic planners were writing about the prospects for attracting supermarkets to the inner city (Pothukuchi 2005), and the success of the New Community Corporation's campaign to get a Pathmark to open in Newark in the early 1990s was well known (Borowski 1992; Rabig 2008).

Supermarkets, however, are not the only approach to addressing food access inequities. Food desert mapping strategies tend to ignore small stores and other food retail sites and downplay the mobility of urban residents who can (and do) travel for grocery shopping. Shannon (2013) further argues that they "fix" supermarket creation as a policy solution to food access. Other writers stress the ability of small food stores (Short, Guthman, and Raskin 2007), mid-sized grocers (Doussard 2013; Martin et al. 2014), bodegas and convenient stores (Song et al. 2009), mobile markets (Windmoeller 2012; Widener, Metcalf, and Bar-Yam 2012), public markets (Morales 2009; Audant 2013), and farmers' markets (Morales and Kettles 2010; Citizens' Committee for Children of New York 2013) to contribute to a robust and healthy food environment.

These alternative ways of expanding healthy food retail into underserved neighbourhoods are among New York City's strategies. In addition to supermarkets, the Mayor's office of Food Policy lists farmers' markets, green carts, public markets, and the Shop Healthy program (which focuses on bodegas) as resources that "provide healthful options for shoppers" (Mayor's Office of Food Policy n.d.). In addition, the quasi-municipal non-profit GrowNYC (which is housed within the Office of the Mayor), organizes farmers' markets, establishes and supports community gardens, and runs a food box program in certain underserved

neighbourhoods. This dissertation looks intensively at two of these programs, the Brownsville Youthmarket and the Shop Healthy Program.

The Brownsville Youthmarket

In 2006, a struggling farmers' market in Bedford-Stuyvesant—a market part of the network of Greenmarkets run by GrowNYC—closed. The farmers found that they were not making enough money to justify coming in to the city, especially given that most farmers also sold at other markets on different days. To keep a market in the neighbourhood, a Greenmarket employee and the owner of a local café recruited two local teens to sell produce in the neighbourhood. They purchased food at wholesale prices from farmers at the nearby Borough Hall Greenmarket and re-sold it in Bed Stuy. This arrangement meant that fresh fruits and vegetables from local farms could continue to be available in the neighbourhood without any financial risk to the farmers. Today, the Youthmarket model operates in 14 neighbourhoods across Brooklyn, Queens, Manhattan, and the Bronx. At each site, GrowNYC partners with local organizations to run the market. GrowNYC organizes the delivery of produce through its wholesale arm and provides each market with a market manager. The local organizations select the sites and hire local teens and college-aged youth to work the farm stand.

In Brownsville, the Youthmarket runs twice a week, on Fridays and Saturdays. On each of those days, the five market staff set up their tables and tents, unpack the crates of vegetables, and sell beets, chard, collards, and a plethora of other produce to Brownsville residents. They take cash and debit cards, but also the

food currencies of the poor: food stamps, WIC Farmers' Market Nutrition Program checks, and the Health Bucks coupons the New York City department of health offers as a way to make farmers' market produce more affordable to low income shoppers.

The Brownsville iteration is different than other Youthmarkets in that its work doesn't end with the market. The market was awarded a New York State "Creating Healthy Places" grant to offer programming around healthy eating and active living in a neighbourhood that suffers from disproportionate negative health effects like diabetes, obesity, and heart disease. GrowNYC has a full-time dedicated Brownsville Program coordinator to manage this work—she acts as a market manger, but also leads the youth market staff as they conduct "outreach" into the neighbourhood, promoting the market in specific and healthy living in general by leading exercise classes, attending community events, and running nutrition education programs in NYCHA seniors centres.

Shop Healthy

Like the Youthmarket, the aim of the Shop Healthy program is to increase access to fresh and healthy food in underserved neighbourhoods. Rather than sell vegetables directly, it works with bodegas to encourage and incentivize these small stores to stock healthier items such as fresh fruit and vegetables, low-salt and no-sugar canned goods, low fat milk, and healthy snacks. This program arose out of studies that showed that Harlem, the South Bronx, and parts of central Brooklyn had relatively few supermarkets, but a great number of bodegas. A 2006 Brooklyn DPHO report showed that in Bushwick and Bedford-Stuyvesant, bodegas constitute 80% of

all food stores, and that bodegas were less likely than supermarkets to carry healthy foods, specifically fresh fruits and vegetables, but also whole-grain bread and low-sugar snacks (Graham et al. 2006).

The Healthy Bodegas program was established to increase availability of healthy food items in these corner stores. It began in 2006 with 15 bodegas, encouraging them to sell 1% milk and apple slices. It has since expanded to work with many more stores, asking owners to make a greater array of changes. Participating bodegas are now encouraged to make seven specific modifications: move fruits and vegetables to the front of the store, place bottled water at eye level, offer a healthy sandwich combo, post marketing materials for healthy foods, stock low sodium and no-sugar canned goods, stock at least two healthy snacks, and remove all advertising from the front door and replace it with a "Shop Healthy" decal.

In order to connect the Health Department's work to the neighbourhood residents that actually shop in these stores, a program of community involvement called Adopt-a-Shop was introduced. This provides a way for community groups—schools, churches, neighbourhood associations—to have a more active role in improving their food environments. Adopt-a-Shop workshops instruct participants of the importance of fresh and healthy food, and walk them through the process of getting their local bodegas to offer healthier items. They are given sample scripts for talking to store owners, suggestions of what to ask for, and equipment to host cooking demonstrations or healthy food taste-tests to promote the store's new offerings. Not only are community groups asked to help implement the DOH's

program, they are encouraged to do so for their own health and their community's wellbeing. The message is clear: through the dedication of civic-minded people, a neighbourhood's food fortunes can be reversed.

The archetypical "underserved" neighbourhood: Brownsville, Brooklyn

The geographic centre of this dissertation is Brownsville. Located in the eastern part of Brooklyn, Brownsville is bounded by East New York and Crown Heights (see Figure 1). Though the neighbourhood is reasonably well-served by public transportation—the 3 and L trains run through here, as well as many

Figure 1: Brownsville's location within the borough of Brooklyn

busses—it still seems far, both geographically and socially, from Manhattan and from the parts of Brooklyn responsible for giving the borough its international reputation as a hip, cool city (Mooney 2011; Metcalf 2013; Satow 2014).

When you step off the train here, the first thing you confront is the abundance of brick. These tall buildings, most covered in scaffolding, set back from the street and bounded by concrete and fence are the public housing buildings that the neighbourhood is famous for. Many writers, community groups, neighbourhood residents, and even the New York City Housing Authority itself point to the quantity of public housing as the defining characteristic of the neighbourhood, frequently making the claim that Brownsville has the "highest density" of public housing in the nation (New York City Housing Authority 2010; Sun 2012; Brooklyn Community Foundation 2013), even though this isn't quite true.[4]

Brownsville's commercial streets are bustling and busy, with clothing stores, fast food outlets, bodegas, dollar stores, banks, furniture shops, and national chains including Children's Place, Foot Locker, and GameStop. Still, there are no sit-down restaurants or coffee shops that invite lingering. The tall NYCHA complexes mean the residential streets of the neighbourhood are mostly blocks without much retail activity. There are many churches, but these remain closed most of the week. The elevated subway tracks cast shadows along Livonia Avenue, a main thoroughfare, and the freight rail line that runs alongside the neighbourhood's eastern edge creates an impassible barrier and literally isolates Brownsville from its neighbours.

[4] According to the Furman Center for Real Estate and Urban Policy (2012) Brownsville ranks 4th in New York City for percent of public housing as a proportion of all rental units.

A Juvenile Detention Center takes up nearly a full city block at the north end of the neighbourhood, looming and surrounded by brick walls and barbed wire (Also see Marina 2013).

This is the physical landscape of a neighbourhood that is poor. The average income in Brownsville is about half of the New York City average ($26,000 versus $50,000), and the unemployment rate is 68% higher. The neighbourhood is also exclusively minority. 76% of residents are black and 24% are Latino/a (Furman Center for Real Estate and Urban Policy 2012). It is less than 1% white, while whites make up 33% of New York City. And Brownsville has a high crime rate, halfway through 2014 it led the city in shootings (Musumeci and Parascandola 2014).

Brownsville is a real place in that it has history (Kazin 1969; Pritchett 2003), boasts famous former residents like Mike Tyson, and is the home and workplace of many people. It is also a symbol of residential segregation, poverty and disinvestment, and urban ills in general. As such, Brownsville is a place and also an idea that *gathers* (Latour 2004). It gathers attention, in the form of articles with titles like "Inside one of Brooklyn's Most Dangerous Neighborhoods" (Sun 2012) and a continuing New York *Times* series on Brownsville because it contains the city's poorest zip code (Hu 2014). It gathers new policing strategies, such as "Omnipresence," which puts bright lights and police cars at every intersection in the neighbourhood at night (Farrell 2014). And Brownsville gathers well-meaning outsider interventions aimed as solving its problems—City Harvest, the Brooklyn Community Foundation, GrowNYC, the NYC Department of Public Health, Transportation Alternatives, the Groundswell Community Mural Project and others

all reach into the neighbourhood to aid with their expertise. Even the community-based Brownsville Partnership is a project of Community Solutions, a nationwide nonprofit.

I did not start this research with Brownsville. I did not set out to look at this particular neighbourhood because it stands for disinvestment, poverty, and a lackluster food environment. Instead, the food access work that I was interested in led me there. My interest in the FRESH program expanded to include Shop Healthy, and one of the first Adopt-a-Shop workshops I attended was in Brownsville. There, I met the Brownsville Program coordinator for GrowNYC and a few of that season's Youthmarket staff. I set up a formal interview with her to learn more about the Youthmarket and GrowNYC's other food access programs, and after that meeting she invited me to see the Youthmarket in action. That invitation became an immersive fieldwork project where I spent an entire market season—summer and fall—selling vegetables under a bright green GrowNYC tent on the street in Brownsville and helping the youth run nutrition education workshops in NYCHA seniors centres around the neighbourhood.

It was not until I began spending all this time in Brownsville that I fully understood the role that neighbourhood plays in the city's imaginary of poverty, public housing, racial segregation, and a general sense of otherness. References to Brownsville in popular media began to leap out at me—for instance, when reading a New York *Times* article about Brooklyn Neighbourhoods "left behind" by gentrification, I instantly recognized that the accompanying photograph was taken at the corner of Rockaway and Livonia, right where the Friday Youthmarket takes

place (Berger 2012) (Figure 2). This imaginary was buffered by the increasingly familiar and pleasant experiences I had in Brownsville: walking to McDonalds with market staff to get coffee, chatting with their mothers and cousins who came by the market, interacting with shoppers at the market, swimming at the Betsey Head Pool, eating inexpensive bagel, egg, and avocado sandwiches at the deli on the corner, sharing recipes with seniors, trying on high top sneakers at the neighbourhood's

Figure 2: New York Times article about Brooklyn neighbourhoods left behind by gentrification features the intersection of Rockaway and Livionia avenues in Brownsville, under the elevated subway station. This is the location of the Friday Youthmarket.

many shoe stores, visiting bodegas with local residents, and generally becoming comfortable with the neighbourhood and its patterns.

These experiences reveal differences between what experts and policymakers who work at a distance think and assume about Brownsville and what actually goes on there. Both the Youthmarket and Shop Healthy make presumptions about what residents need without understanding what the barriers to food access really are. In a neighbourhood that suffers from poverty, unemployment, and general disinvestment, residents complain about the unclean supermarkets with poor quality produce, the price of healthy food, and the lack of time that working people have to shop for groceries and prepare wholesome meals. These concerns are overlooked by DOH officials who rely on the language of food deserts to shape their programmatic interventions—their goal is increase access to fresh fruit and vegetables simply by bringing more of it into these neighbourhoods. This, of course, does little to address the true barriers to a healthy diet faced by those in Brownsville

Ideas At Stake: EJ, Biopower, Health, Pleasure,

In this dissertation I look at Shop Healthy and the Brownsville Youthmarket through the lenses of environmental justice and biopower. Both ideas are mobilized in the creation and implementation of food access programs. On one hand, environmental justice ideas frame the spatialized understanding of food access, the belief that the unhealthy food environment is a cause of diet-based health disparities, and the interventions that seek to improve that food environment in the name of health. At the same time, the idea of biopower undergirds the

understanding that overweight and diabetic bodies are abnormal and need to be fixed, and empowers experts to interpret statistics that tell that truth. Biopower also frames the nutrition education and behaviour change aspects of Shop Healthy and the Youthmarket; one of its key strategies is to make individuals responsible for their own ill health, and people are brought to work on themselves in order to bring their community's health status up to normal levels.

I argue that both environmental justice and biopower ideas inform the way food access programs take shape in New York City. Programs that combine an expansion of healthy food alongside nutrition education and projects of behaviour change capably intertwine the two concepts creating a hybrid ideology that frames the way food access projects take shape. Further, means that policymakers and experts are unable to design programs that actually meet residents needs. They are constrained by the explanatory and programmatic ideas permitted by environmental justice and biopower, and overlook the realities of life in Brownsville. This happens along three vectors.

First, there is a gap between program formulation and program strategy as environmental justice ideas provide the rationale for intervention—to improve the food environment—and biopolitical ideas structure the interventions that use nutrition education to guide individuals to take responsibility for their health. Second, this ideology sets up a divide between expert program designers and the people whose food access they mean to improve. Environmental justice and biopower are both top-down ways of looking at Brownsville, either as a territory to be mapped or a mass of people whose health outcomes need to be improved.

Neither offers DOH and GrowNYC employees a framework for engaging directly with people to ensure their needs are being addressed. Third, neither biopower nor environmental justice is able to adequately engage with the pleasurable aspects of food and eating. Both Shop Healthy and Youthmarket emphasize the place of fresh fruit and vegetables in a healthy diet and downplay the way that food habits are personal, social, cultural, and enjoyable. Further, the promotion of produce that appeals to the senses by describing crisp apples, beautiful bunches of kale, colourful heaps of vegetables, and sweet corn ultimately seeks to manipulate pleasures, promoting elite ideas of what "good" food is while downplaying the reasons that unhealthy foods might bring others the same—if not greater—pleasures.

Outline of the Dissertation

The project of analyzing the rationales, strategies, and impacts of food access programs in New York City begins by laying out the theoretical framework I will use to interpret Shop Healthy and the Brownsville Youthmarket. In Chapter one, I discuss environmental justice, community food security, biopower, and neoliberal responsibilization in order to provide background for discussions of the programs in subsequent chapters.

Chapter two situates Shop Healthy and Youthmarket within the broad histories of urban planning and public health. The two disciplines grew out of similar origins—the dirty, industrial city—but diverged as each became more technocratic. Recently, they have begun to re-converge with planning taking an interest in health and public health taking an interest in the built environment. This chapter provides historical context for public health programs that seek to

intervene in the food environment, and sets up the urban planning context for a dissertation written about programs led by the public health department.

The third chapter provides more immediate context for the Youthmarket and Shop Healthy. It reviews the literature on farmers' markets as food access strategies in low income neighbourhoods and the literature on bodega-based interventions, often called "healthy corner store initiatives." Both of these strategies for increasing healthy food in disadvantaged neighbourhoods have precedents in other places, and this chapter discusses what scholars and policymakers have learned from past initiatives. This previous research necessarily informs my evaluation of Youthmarket and Shop Healthy.

The methodology I used to carry out this research—a combination of interviews, participant observation, and document review—is described in chapter four. In chapters five and six I provide rich detail on the cases that I investigated. Chapter five concerns the Brownsville Youthmarket and Chapter six covers the Shop Healthy program and its Adopt-a-Shop component.. Both chapters describe how these programs came to be, what they look like on-the-ground in Brooklyn, and how they are received by the community members.

Chapter seven covers the two programs together. It explores the food environment of Brownsville in closer detail and looks at how residents of Brownsville discuss their barriers to food access and healthy eating. It then looks at the way both Shop Healthy and the Youthmarket go beyond their stated goals of improving the food and presents the way these two programs also focus on creating healthy eaters. This chapter zooms in on the nutrition education and behaviour

change components—particularly the way that program designers and implementers promote knowledge of healthy food, teach skills for shopping and cooking, and work to change eating practices in this community.

In chapter eight, I return to the ideas of environmental justice and biopower and use them as a lens for interpreting the Youthmarket farmers' market and the Shop Healthy bodega improvement project. This chapter makes the argument that food access programs in New York City are supported by an ideology that intertwines both environmental justice and biopower. Where environmental justice frames the rationale for intervention, biopower offers strategies for increasing the health of the population through food programs.

The dissertation concludes by offering recommendations for food access programming in general and for the Youthmarket and Shop Healthy in particular. This chapter—chapter nine—closes with some lingering questions and avenues for future research.

Chapter 1 – Literature Review and Theoretical Framework

This research engages with four bodies of scholarship: community food security and food planning, environmental justice, Foucauldian biopower, and neoliberal responsibilization. The literatures fall into two groupings: community food security and environmental justice in one group that stresses the spatialization of food access, and biopolitics and neoliberal responsibilization in a second group that emphasizes the role of bodies and individuals. By looking at the two literatures alongside each other I am able to ask questions about what New York City's food access programs mean for the quest to solve food access inequities: is a healthy diet a question of environmental justice or biopolitical governance? Can it be both?

This chapter provides an analysis of these literatures and their interconnections with specific attention to the way they will be used to frame the analysis of Youthmarket and Shop Healthy in Chapter 8. Using the idea of community food security, environmental justice, biopolitics, and responsibilization to understand New York's food access programs has particular stakes—they allow us to think about what is being promised, what is being done, and how these actions affect the populations they are trying to assist. Using the ideas of environmental justice, community food security, biopower, and responsibilization allows an analysis that is not simply an evaluation of these programs' effectiveness (asking "are people healthier eaters as a result of these programs?"), but rather an analysis that shows how these programs fit into narratives of health, justice, progress, and power.

I close this chapter with a section titled "Food is Special" that looks at the literature on food as a social and emotional practice and argues for considering food and eating choices not just as a pathway to health (as much public health policy does). I argue that the pleasure of food is often written out of food access discourse and I begin the process of bringing it back in. Looking at food through the lens of pleasure also has stakes: a discussion of the ways that food is intimate, personal, and cultural highlights the ways that a pure health-based emphasis inevitably misses the social life of eating.

Community Food Security and Food Planning

The United States Department of Agriculture defines food security as "access by all people at all times to enough food for an active, healthy life" including the "assured ability to acquire acceptable foods in socially acceptable ways" (Nord 2007, p. 51). The term was taken from the International Development field in the late 1980s, when scholars searched for a more sophisticated understanding of hunger. Food *in*security addressed the social and psychological aspects of the problem, naming more than just the physical sensations of not having enough to eat (Gottlieb and Fisher 1996a; Poppendieck 1999).

Community Food Security (CFS) adds a spatial element to this idea, indicating an awareness that acceptable access to food is a community or neighbourhood concern, rather than something experienced only at the level of the individual or household. The most widely used definition of CFS is "a situation in which all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-

reliance and social justice" (Hamm and Bellows 2003: 37-38). CFS broadens food security to incorporate human rights, community empowerment, democracy, social justice, and sustainability. The CFS movement had its origins in the Los Angeles riots after the Rodney King verdict in 1992, as "one of the vulnerabilities exposed through the uprising was that of food access and quality in low-income communities" (Allen 2004: 42). This led to a research project through UCLA and the publication *of Seeds of Change: Strategies for Food Security for the Inner City* (Ashman et al. 1993). The following year several food-related organizations came together to discuss ways to influence the upcoming federal farm bill and established the Community Food Security Coalition as a result (Allen 2004).[5]

Community Food Security is meant to be a long-term, community development approach focused on planning, building capacity, and sustainability (Allen 2004). A focus on the involvement of affected populations is intended as direct opposition to anti-hunger programs such as soup kitchens and food pantries. These are short-term strategies focused on individuals and families; they often rely on surplus commodities and donated or rescued food to meet immediate needs with no strategy for creating a sustainable food system or transitioning people out of poverty so that they no longer need emergency food (Poppendieck 1999; Hamm and Bellows 2003; Haering and Syed 2009).

A number of aspects of Community Food Security tie it closely to the ideals and tools of urban planning: the spatial concern and focus on neighbourhoods, the

[5] The Coalition dissolved in 2012 and transfered responsibility for the ongoing programs to partner organizations and coalition members (CFSC 2012).

concern for comprehensiveness and an understanding of the interrelatedness of multiple issues, and the meaningful involvement of affected populations. Growing numbers of planning scholars are making the claim that planners ought to focus on food; in doing so they make reference to elements of CFS. For instance, Raja, Ma, and Yadav (2008) note that "planning has the interdisciplinary skills to understand systemic connections in the 'food shed' as well as the ability to facilitate changes in communities—through design and planning interventions—to lessen food insecurity in underserved neighbourhoods" (p. 479). Similarly, Soma and Wakefield (2011) write that there is a clear justification for including food as an area of concern, as "planning as an occupation aims to improve the welfare and health of people and communities through the logical arrangement of land, resources, and facilities" (p. 3). These authors contend that planning needs to address the food system in order to ensure healthy communities.

Since 2000, food has been an increasingly mainstream part of planning activity. Pothukuchi (2009) highlights landmarks such as the institutionalization of food planning within the American Planning Association, the number of city plans and ordinances that recognize the importance of the food system, and the growing attention to the built environment in public health. This mainstreaming came about due to both the growing community food security movement calling for governmental intervention and research done by planning and public health scholars that documented health and neighbourhood disparities and "urge[d] community and regional planners to renew their commitment to 'public health and welfare,' another raison-d'etre for the profession" (p. 351).

The term that is often used to describe the areas underserved by fresh food retail is "food desert." This idea was coined in the 1990s in the UK (Cummins and Macintyre 2002), and caught on in the US in the early 2000s when Pennsylvania launched a statewide initiative to provide grants and loans for supermarkets to operate in poor neighbourhoods (Tirado Gilligan 2014).[6] The existence of food deserts is explained by a combination of white flight, suburbanization, disinvestment, changes in consumer preference, supermarket mergers in the 1980s and 1990s, changes in agricultural production and marketing, standardized store models that eschewed the relatively small spaces available in the inner cities, and the fear businesses have that they won't make money in poor neighbourhoods (Belasco 1988; Eisenhaur 2002; Cohen 2003; Pothukuchi 2005; Steel 2009; Deutsch 2010; McClintock 2011; McMillan 2012).

In any case, the food desert concept has proved to be quite compelling. As Donald (2013) writes,

> In recent years, we have seen how the food desert metaphor has captured the imagination of U.S. policymakers, similar to the UK experience 15 years prior. It has come to epitomize urban decay and all that is wrong with American urban life (p. 233).

One reason for the prevalence of the food desert idea in policy-making and planning is that it is a clear mechanism for measuring and analyzing the ideas behind CFS. It is a way to understand the extent to which food access is unevenly distributed, and it is a measurement tool that relies on mapping and charting space to form a basis for intervention. The ability to transform a recognized problem into data that can be

[6] 22 states currently have some variation of this program and a national version was introduced in 2010.

acted on is crucial for it being taken up in policy, and the very act of mapping can bring public attention to a topic (Kornfeld 2007).

As such, much of the literature on food deserts are mapping studies that employ various strategies for determining just where food deserts are located (Reisig and Hobbiss 2000; Wrigley, Warm, and Margetts 2003; Bakelaar et al. 2006; Shaw 2006; Larsen and Gilliland 2008; Raja, Ma, and Yadav 2008; Russell and Heidkamp 2011; Cynthia Gordon et al. 2011; Childs and Lewis 2012; Jiao et al. 2012). These studies use a mix of variables to measure food deserts, including average distance to a supermarket (by miles or travel time), the ratio of square footage of food retail space to number of residents, car ownership rates, adequacy of public transportation systems, average income, and cost and quality of neighbourhood stores. However, there is no standard for how to define or measure food deserts or even a consensus about what elements to include in an analysis (Leete, Bania, and Sparks-Ibanga 2012).

In 2013, the United States Department of Agriculture launched an online "Food Desert Research Atlas" that allows users to investigate food access across the country.[7] This received attention in the popular press including on NPR's food-issues blog, *The Salt* (Shute 2013) and Vox.com's list of "40 maps that explain food in America" (Klein and Locke 2014). The "Atlas" epitomizes the non-standard nature of defining a food desert. The layers that users can click on and off show food access at a variety of different measures: half a mile or one mile from a supermarket in urban areas, 10 miles or 20 miles for rural areas, or low access to a vehicle and more than

[7] This is an update of its 2011 "Food Desert Locator"

20 miles from a supermarket in all areas—and these areas are only considered low access if they are *also* low income. As well, the metrics that the USDA uses are different than the food desert criteria created by individual cities (Lucadamo 2011). For instance, in Baltimore a food desert is "an area where the distance to a supermarket is more than a quarter mile, the median household income is at or below 185% of the Federal Poverty Level, over 40% of households have no vehicle available, and the average Healthy Food Availability Index score…is low" (City of Baltimore 2012, p. 2). New York City's measure takes into account similar things, such as "high population density, low access to a car, low household incomes, high rates of diabetes and obesity, low consumption of fresh fruits and vegetables, low share of fresh food retail, and capacity for new stores" (New York City Department of City Planning, New York City Department of Health and Mental Hygiene, and New York City Economic Development Corporation 2008).

Other scholars question not just the variation in food desert metrics, but the very act of mapping and defining these areas in top-down, data-driven ways. Small stores and independent stores are often left out of the data even though they provide a wide range of fresh and affordable food (Short, Guthman, and Raskin 2007; Griffoen 2011). Shannon (2013a) argues that mapping food deserts "fixes" them as an object of study in three particular ways. First, the focus is only on supermarkets as a proxy for healthy food; second, cities are turned into abstract territory as defined by the mapping tools, rather than lived urban space; and third, residents are constructed as immobile and passive, interacting only with the food environment immediately around them. These mapping studies then limit the

possibility for action by ignoring small markets, individual mobility, and the problems of racial and economic segregation in shaping food access. Similarly, McClintock (2011) argues that food desert mapping studies ignore the history of segregation and disinvestment that caused the problems in the first place.

Other critiques of the food desert concept share Shannon's (2013a) concern with the way that the idea limits possibilities for action. Guthman (2008) writes that "the food desert problem represents one of market failure, most of the efforts to provision fresh, locally grown food to such neighbourhoods are necessarily run by nonprofit organizations" which are often paternalistic and patronizing in their "white desire to enroll black people in a particular set of food practices" (p. 432). This concern extends to municipal food planning programs; if they are to incorporate the ideals of CFS, populations need to be meaningfully involved so that programs do not paternalistically instruct poor people how to shop, what to cook, and what to eat. Guthman's essential point is that food access activism ought to "shift away from the particular qualities of food and towards the injustices that underlie disparities in food access" (p. 443). This sentiment is echoed by Gilligan (2014, n.p.) who looks at the health disparities that underlie the push to address food access, writing

> Researchers who focus on health disparities have suspected for decades that people who live in poverty die early because of the stress of poverty itself rather than the poor health choices low-income people make.

She concludes by arguing that the programs to improve food access—supermarket incentive programs, green carts, nutrition education programs etc.—are thus safe

policy positions that come from a lack of courage to "improve the plight of the disadvantaged" (n.p.).

Environmental Racism/Environmental Justice

A second body of literature that informs this research is that on environmental justice, and the way that Community Food Security can be contained within this idea. Environmental racism and environmental justice are two sides of the same issue: environmental racism refers to the disproportionate burden of pollution, toxins, and other environmental degradation that poor people and people of colour are exposed to and the resulting elevated rates of morbidity and mortality; environmental justice is the movement to eradicate these disparities (Bullard 2000; Cole and Foster 2001; Corburn 2005).

The foundational incidents of environmental justice conflict concern the hiring of people of colour for the most dangerous jobs, the presence of lead paint in low-income housing, the tradeoff between jobs and air pollution in economically distressed towns, and the siting of landfills and toxic dumps in easily exploited communities (Gottlieb 1994; Bullard 2000).[8] Some scholars make the case that the fight for environmental justice also ought to concern a lack of needed amenities in poor, minority neighbourhoods. For example, (Harwood 2003: 25) writes,

> Much of the focus of the environmental justice movement has looked at the analysis of environmental hazards and risk around the siting of commercial hazardous-waste facilities. But environmental justice is actually much more complex and includes the disparities created by the lack of environmental services, or the delay in the siting of environmental amenities, in urban

[8] I have opted to use the term environmental justice (EJ) throughout, because, like Community Food Security, it emphasizes the positive, desired state.

> neighborhoods. Many communities of color suffer from a lack of beneficial environmental conditions. Residents of wealthy neighborhoods tend to have higher quality services, more options, and [more] regular infrastructure maintenance than those in many inner-city neighborhoods.

This expansion of environmental justice into advocating for positive improvements to the environment and not simply fighting the negative aspects is an example of the principle of distribution equity that is included in some definitions of environmental justice (Sze and London 2008).

A number of scholars have proposed aligning the concerns of food justice, community food security, and food planning with the theory and goals of environmental justice (Gottlieb and Fisher 1996; Alkon 2007; Gottlieb and Joshi 2010; Mares and Pena 2011; Alkon and Agyeman 2011). There are four primary vectors of this alignment. First, both CFS and environmental justice have roots in the civil rights discourse of the 1960s with "a common consideration of questions of daily life" (Gottlieb and Fisher 1996a: 193). Second, the two movements share concerns for distributional equity, as highlighted by food desert mapping projects.[9] Third, both movements stress the inclusion of affected populations in decision-making: Cole and Foster (2001) write that "environmental justice requires democratic decision making [and] community empowerment" (p. 16). Finally, just as the environmental justice movement was established to counter the narrow focus of the mainstream environmental movement (Gottlieb 1994; Bullard 2000),

[9] The connection is further highlighted in discussions of "food swamps"—areas that not only lack healthy food, but offer a disproportionate amount of unhealthy food (Block, Scribner, and DeSalvo 2004; D. Rose et al. 2009; Delaware Valley Regional Planning Commission 2011; Schultz 2014).

community food security expands food politics from it narrow focus on the local, organic, and sustainable to include questions of access and equity (Allen 2004).

Sze and London (2008) see environmental justice as "a field positioned on a 'crossroads': rising through the convergence of social movements, public policy, and scholarship" (p. 1332). This describes the state of food scholarship as well. However, what is perhaps more useful than making such comparisons is Sze and London's invitation to use an environmental justice framework for action to address all sorts of disparities:

> We argue that instead of imposing a restrictive boundary around the concepts of environmental justice, scholarship in this emerging field should embrace its wide-ranging and integrative character, while remaining grounded in its political and theoretical projects to address the sources and impacts of social power disparities associated with the environment (p. 1332).

Programs that seek to expand food access recognize the uneven distribution of a needed amenity—food—across urban environments as well as the way that this situation disproportionally affects people of colour (Raja, Ma, and Yadav 2008), immigrants (Carney 2014), and low-income neighbourhoods (Zenk et al. 2005). That is, groups that suffer from "social power disparities." Thus, by Sze and London's (2008) description, food access and food security projects are environmental justice projects. These authors further describe "the environmental justice paradigm" as one "that emphasizes an injustice frame to understanding the relationship between people and the environment" (p. 1335). Inequitable food access is a negative relationship between people and their urban environments, and an environmental justice approach to solving food access inequities provides programs with the principles of distributional equity, inclusive participation, and a

focus on prevention (not merely remediation) that aid in establishing an idea of how food security can be actualized.

As mentioned above, environmental justice was established partly as a response to the mainstream environmental movement that focused on the conservation of wilderness and wildlife, “concerns that are just not central to the everyday survival of poor communities and communities of color" (Cole and Foster 2001, p. 16). An environmental justice focus on pollutants and toxins from undesirable land uses that contaminate the places that poor people and minorities live and work brings issues of environmental health into the city. This is a view of “environment” that includes not just the natural environment, but also the built environment, the urban landscape, the spaces of human settlement and the practice of the everyday (Gandy 2003). Cole and Foster (2001) offer a definition of environment for the environmental justice movement:: “where we live, where we work, where we play, and where we learn" (p. 16). This is a definition that focuses on the spaces of everyday life and the quality of life in those spaces, and raises productive questions of distributional equity, access to amenities, and community participation.

Environmental justice has particular relevance to this research beyond using it to frame CFS within larger, more longstanding social movements connected to race, space, and health. Looking at food access from the perspective of urban planning is different than looking at it as a public health pursuit, as planning is the practice of working directly on the environment. For planning, space and place matter, and planning is concerned with the quality of urban environments, as well

as improving places to facilitate productive and pleasurable day-to-day activities for those that live there. Planning works to account for the negative externalities of the free market that privileges profit over equity, and environmental justice is a particular framework for that work. Planning believes that there is some essential "right to place" (Imbroscio 2004)—that people have a right to demand that the places that they have chosen to inhabit be as livable as any other. This is an especially crucial fight in the places that marginalized people have been forced to live in through decades of redlining, gentrification, and racial and economic segregation (Massey and Denton 1998; Satter 2010). The connection of community food security to the explicitly anti-racist aims of the environmental justice movement adds weight to the imperative to intervene.

Environmental justice also frames the relatively recent spatialization of food concerns. Governmental food support systems have long been housed only at the national level—the USDA for instance, is the home of the SNAP program, the WIC program, agricultural supports, and the standards for school lunches. A focus on environmental justice and community food security works to establish the importance of food at the scales of city and neighbourhood.

The Biopolitics of Food Access

It is also possible to look at environmental justice at the scale of the body. Hayes-Conroy and Hayes-Conroy's (2012) offer a framework of Political Ecology of the Body in order to look at the body "as an 'environment' in its own right" (p. 2) and extend concepts of political ecology and environmental justice to bodies themselves. Carney (2014) takes up this idea and interrogates the way certain

marginalized populations—certain bodies, certain environments—are subject to worse health outcomes. She invokes the idea of biopower in a discussion of food insecurity and suggests that "it is not only food that is governed through its production, distribution, and consumption, but also our bodies and how they are engendered (or not) through different political ecological processes" (p. 15). By using political ecology of the body, Carney is able to view the somatic as an environment, yet also a body subject to governance; this provides a pivot point for transitioning to a further discussion of biopower.

Food access necessarily addresses human beings as bodies. The concern does not stop when food completes its journey from field to supermarket to home, by invoking a health disparities justifications for addressing food access the body that consumes food is included in the logic model. In some ways, bodies themselves are the desired object of intervention. Healthy subjects with healthy bodies are the true aim; an improved food environment is merely a waypoint. Thus, the Foucauldian concept of biopower is essential for analyzing projects to expand food access.

Foucault describes the idea of biopolitics as the "emergence of techniques of power that were essentially centered on the body" (Foucault 2003, p. 242) or "the set of mechanisms through which the basic biological features of the human species became the object of a political strategy" (Foucault 2007, p. 1). The crucial conceptions here are *power* and *politics*: biopolitics is not simply any concern for the body, but a desire to transform bodies in pursuit of larger state goals and the exercise of power to do so. This power is exercised by both state and sub-state entities (Rabinow and Rose 2006). The related concept of "governmentality" is used

to understand the whole variety of ways of problematizing and acting on individual and collective conduct "in the name of certain objectives that do not have the state as their origin" (Rabinow and Rose 2006, p. 200). Biopower takes multiple forms and stems from multiple sources of authority.

Biopower is characterized 1) by understanding human society as made up of bodies and looking at those bodies not as individuals, but en masse at the level of the population, 2) the utilization of data and statistics to understand and control that population, and 3) a desire to align that data to the normal curve; that is, to take outlying groups and bring them in line with the general population. This perspective means that the ideas of health that undergird population and society are state-defined, as the state "arranges things" for specific ends. This is achieved through the "disposition of things…employing through tactics rather than laws" that cause people to perform this work on themselves (Foucault 2007, p. 99). Biopolitics can be mobilized thorough public programs such as public health, public hygiene, and "campaigns to teach hygiene and to medicalize the population" (Foucault 2003, p. 245).

Rabinow and Rose (2006), noting that "Foucault is somewhat imprecise in his use" of biopower (p. 197), provide clarification of the concept, describing the three core elements of the biopolitical (p. 203):

> a form of truth discourse about living beings and an array of authorities considered competent to speak that truth; strategies for intervention upon collective existence in the name of life and health; and modes of subjectification in which individuals can be brought to work on themselves.

The first two elements are directly in line with what Foucault himself has offered, but the third aspect provides a more specific description of how biopower works,

raising questions of liberalism and personal responsibility that—as we will see—relate directly to food access programming.

Contemporary biopolitics is also a form of "risk politics" as groups and places that have particular propensities for ill-health are targeted for interventions. This concern for minimizing risks to health transcends biomedicine in the late 20th century and expands to include mitigation of environmental pollution and the maintenance of bodily health among other techniques. This is often framed in moral terms, such as reducing the inequalities in health. In this way, biopolitics is part of the operation of health and social services, but also urban planning, building design, education, and food marketing (Rose 2001). What is of interest in this conception of biopolitics is that the focus on minimizing risk is extended to *locales* as well as populations, places as well as people.

Rose (2001) writes of the way "risk profiling" enrolls otherwise healthy individuals or places in projects of surveillance and intervention. In order to be good and responsible, those with a propensity to heart disease must live differently than others who are just as healthy but do not have those risk factors. More perniciously, this risk profiling can provide justification for "preventative intervention into the lives of 'the usual suspects'" (p. 11) such as inner city youth assumed to be at risk of violent or criminal behaviour.

A greater concern for Rose, however, is the way that in the late 20th century, "a new alliance formed between political aspirations for a healthy population and personal aspirations to be well: health was to be ensured by instrumentalizing anxiety and shaping the hopes and fears of individuals and families for their own

biological destiny" (p. 17). In this way, though political actors take on the responsibility to mitigate health inequities, they essentially shift this liability to individuals, making every citizen—as well as organizations and communities—an active partner in the pursuit of health and responsible for ensuring their own well-being. Rose suggests that this version of contemporary biopower "mistakes social norms for vital ones" (p. 19), indicating that the social pressures to make healthful choices are stronger than the bio-scientific data. A particularly salient example of this is the societal pressure towards thinness and the equation of thinness with health, despite evidence that being underweight is associated with excess mortality (Flegal et al. 2005) and the fact that individuals of all body types can be fit and in healthy (Robison 2005).

What is clear is that a key feature of contemporary biopolitics is the way that individuals are made responsible to take on health ideals and norms in the name of a healthy society. Rabinow and Rose (2006 p. 209) explain that this form of "responsibilization" can "impose onerous obligations." The authors use the example of genetic testing for birth defects and the way the burdensome responsibility falls to women to make the right, responsible, moral choices about whether or not to seek abortion. Though this example may seem more grave than that of food choice, Harwood (2008) writes of the way the "obesity epidemic" is medicalized and mobilized so that weight "becomes a key component of public health discourses of individual responsibility, morality, and the drawing up of distinctions between the normal and the pathological " (pp. 9-10). This is not least because the body becomes a visible signifier of individual worth, and the ability to measure fatness (through

crude but widespread metrics such as the body-mass index) creates an "objective truth" about a person's health, and thus whether they have taken on enough responsibility for their own health.

A crucial feature of the CFS and environmental justice frames of food access and diet-based health is that they take the responsibility off individuals and refocus it onto structural and environmental obstacles to well-being. A biopolitical analysis reveals the way that public health programs and practitioners put the locus of change on individual behaviours. Lupton (1995) explains this as "the coercive and non-coercive strategies which the state and other institutions urge on individuals for the sake of their own interest" (p. 10). One example of state interest is fitness in the name of military readiness (Christeson, Dawson Taggart, and Messner-Zidell 2010; Rasmussen 2011).

Biopower aligns with food access programs in a number of ways. First, food is intimately connected to the body; city and state involvement in what people eat is a way of governing bodies directly as food programs address the health of people and populations to promote a healthy society. Second, state intervention into the food landscape is justified by appealing to data about categories of people: areas of the city that have below-average numbers of supermarket per capita, socio-economic groups which do not eat five servings of fruit and vegetables per day, the higher rates of heart disease and diabetes among certain populations. As shown above with the myriad food desert mapping project, data are employed to make the case that food deserts are a spatial phenomenon that affects certain populations, and it takes experts to establish this formal definition of a food desert. Thus, food

access programs deal with population-level problems, not just individual hunger and health, and strive to bring certain populations in line with standard dietary and health levels—what Foucault (2007) terms "normalization." Third, many food access programs are susceptible to charges from food justice advocates of being patriarchal, patronizing, and neoliberal—even those that are well-received, such as nutrition education workshops or school gardening programs (Hayes-Conroy and Hayes-Conroy 2012). Further, the promotion of certain foods as being proper and virtuous, such as low-fat milk, embody a specific sort of pressure and control.

The concepts of community food security and environmental justice are used by program designers to set up food access as a problem and provide a rationale for intervention. Biopower, on the other hand, explains how the intervention strategies do not stop with the environment. Food access programs go farther and intervene at the level of the body and individual behaviours.

Neoliberalism and Responsibilization

The biopolitical approach to food access stresses responsibilization as people and communities are made to take on responsibility for the food available in their neighbourhoods and the food items present in their diets. This discourse of personal responsibility is a key feature of neoliberalism, but it contradicts the environmental and community focus of environmental justice and community food security. An understanding of neoliberal responsibilization is key to understanding some of the constraints that shape the development of food access programs.

In early 21st century America, neoliberalism means many things. David Harvey (2007) primarily considers neoliberalism at the scale of the nation-state. He

writes of neoliberalism as a political-economic theory that "proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade" (p. 2). He notes that this view has become "economic orthodoxy" in the United States since the late 1970s. At this scale, neoliberalism means privatization, deregulation, and "the financialization of everything" (p. 33).

Other scholars have placed neoliberalism at the scale of the city. Hackworth (2006), for instance, writes of the way that national and global neoliberal forces like the IMF, the World Bank, and bond rating agencies impinge on urban autonomy. He uses the city to describe "actually existing neoliberalism" (p. 3), particularly how the reduction of public subsidies and regulations, the promotion of real estate development, and the privatization of public services combine to discipline localities and force entrepreneurial urban governance. Brash (2011) shows how New York City under Mayor Bloomberg became increasingly neoliberalized.

The hegemony of neoliberalism also helps to explain the way that individual responsibility is mobilized in the pursuit of food access. The path from neoliberalism as a governance ideology to a way of thinking about how individuals must behave derives from neoliberalism's concern with freedom, the rationality of actors in a marketplace, and the assumption that there is a marketplace for all things. That is, neoliberalism is not only an economic ideology, rather, it is about the dominance of market values in all aspects of social life, insisting that individuals be

rational actors in all types of decision-making (Brown 2005; Harvey 2007). Wendy Brown (2005, p 42-43) writes:

> Neoliberalism normatively constructs and interpolates individuals as entrepreneurial actors in every sphere of life. It figures individuals as rational, calculating creatures whose moral autonomy is measured by their capacity for "self-care"—the ability to provide for their own needs and service their own ambitions. In making the individual fully responsible for her- or himself, neoliberalism equates moral responsibility with rational action; it erases the discrepancy between economic and moral behavior by configuring morality entirely as a matter of rational deliberation about costs, benefits, and consequences. But in so doing, it carries responsibility for the self to new heights: the rationally calculating individual bears full responsibility for the consequences of his or her action no matter how severe the constraints on this action—for example, lack of skills, education, and child care in a period of high unemployment and limited welfare benefits. Correspondingly, a "mismanaged life," the neoliberal appellation for failure to navigate impediments to prosperity, becomes a new mode of depoliticizing social and economic powers and at the same time reduces political citizenship to an unprecedented degree of passivity and political complacency (pp. 42-43).

In terms of food behaviours then, neoliberal thought means that good eaters are coolly rational, making optimal choices about nutrition, cost, and health consequences. Those who do not correctly navigate the individual nutritional marketplace (where the currencies are calories, protein, fat, sugar, and fiber) in the pursuit of optimal health fail to adequately care for themselves (and their families); this "mismanaged life" ought to be disciplined by the state, schools, community organizations, and family members. Being responsible for one's own health is the duty of a good citizen (Biltekoff 2013), and a good family member. See, for instance, the USDA's instructions on setting a good healthy eating example for your kids (United States Department of Agriculture 2014), or the Mayo Clinic's ominous warning that "fathers who frequently take their children out to eat are effectively teaching them to rely on food away from home — mostly fast food. This lesson stays

with children through adolescence into young adulthood." (Nelson and Zeratsky 2011).

Obesity

Ideals of responsibilization are most clearly at work in the current moment of anti-obesity panic. LeBesco (2011) looks at state mechanisms that "enlist individual citizens in the war on obesity" such as school-based weight report cards and threats to revoke parental custody of obese children, arguing that they may actually work against human wellness (p. 154). Biltekoff (2007) examines the way weight loss has been positioned as a civic duty after 9/11 with a push for a national unity based on a need to lose weight. Biltekoff shows just how overt the ideology of personal responsibility is at the federal level where anti-obesity programs focus on providing health and nutrition education to individuals. She quotes former president George W Bush explaining "his larger agenda to encourage people to 'be responsible for the decisions they make in life'" and his Surgeon General's declaration that "much of the solution to the problem is up to each *individual,* each family, community" (p. 43).[10]

The individualized responsibility for thinness is rooted in neoliberalism. Neoliberalism simultaneously encourages consumption (as citizens are re-classed as

[10] The focus on individual behaviour change was not just a hallmark of the Bush administration. First Lady Michelle Obama's "Let's Move" campaign to eradicate childhood obesity has received a great deal of recent criticism for shying away from the healthy eating component and placing more focus on increasing physical activity. Food politics scholar Marion Nestle calls this a "troubling shift," and suggests that pushing healthful eating—and eating less—is a costly battle with the food industry that Ms. Obama doesn't want to wage (Nestle 2011). Similarly, nutritionist Michelle Simon points out that "Let's Move" is "steering away from anything that challenges the food industry" and towards greater corporate partnerships, including a very high profile collaboration or collusion with Walmart (Simon 2011). See also Ms Obama's pro-Walmart opinion piece in the *Wall Street Journal* (Obama 2013).

consumers) and vilifies those that display any physical effects of this indulgence: "Those who can achieve thinness amidst this plenty are imbued with the rationality and self-discipline that those who are fat must locally lack" (Guthman and DuPuis 2006: 444). Biltekoff (2007) too explains that neoliberalism influences U.S. public health responses to obesity when urging individuals to make 'healthy choices' occurs in the context of reduced funding for social welfare programs.

While the discourse of weight loss has been generically addressed to the whole nation, the primary targets of anti-obesity campaigns have been minorities and the poor. Blacks, Latino/as, and low-income individuals are disproportionally affected by overweight, obesity, and associated diseases, and though the varied explanations for this include culture, genetics, and political, social, and economic constraints, the solutions offered are mostly the same individualist imperatives to eat better and exercise more. And, given that African American women and Latinas are most likely to be obese, blaming fat people for their weight reinforces pernicious social inequalities (Saguy and Riley 2005; Biltekoff 2007). Though fighting the "war on obesity" is ostensibly driven by a well-intentioned pursuit of health, the focus on minority bodies "perpetuates perceptions that Blacks, Latinos, and the poor are physically unfit, and not fit for citizenship" (Biltekoff 2007 p. 42).

Obesity becomes a marker of the lack of self-care and self-regulation that belies a failure to meet the obligations of citizenship: to be a fit, healthy, *productive* participant in society. This is possible because of a stripping-away of all attention to the extreme inequality that contributes to different bodies. When minorities and the poor show this visible marker in disproportionate amounts it allows those with

normative bodies (and income and skin tones and cultural heritage) to strip the label of good citizens from the poor and people of colour because of their fat bodies. If these groups want to be re-naturalized, they must change their behaviours and their bodies to show themselves to be worthy of inclusion. This moral and logical move permits the erasure of privileged people's own complicity in—or at the very least, their benefit from—the systems that perpetuate that inequality.

Food Security

It is not just this obesity discourse that adheres to this neoliberal, individualist outlook. The theme is present in the literature on nutrition, food access, and food security more generally. In her history of American nutrition education, Biltekoff (2013) argues that no matter the content of the education paradigm, an era's particular ideas for eating right are never just an empirical set of rules for nutrition and health, but also a framework for good citizenship. One way in which the middle class asserts its identity is by contrasting its healthful behaviour against that of an ''unhealthy other.'' Insisting that that people conform their dietary practices to the standards set out by elites is a clear example of the appeal-to-expertise aspect of biopower discussed above (Rabinow and Rose 2006). In this work, Biltekoff (2013) discusses the current "alternative food" movement as well as nationwide anti-obesity campaigns and argues that both movements "promoted social ideals that were consistent with ideals of good citizenship that emerged as part of the late-twentieth-century process of neoliberalization" (p. 10).

The alternative food movement, by emphasizing the importance of choosing local and organic, promotes a version of change rooted in individual eating

behaviour rather than structural change: "the idea that the food system can be transformed by selling and buying good food (through informed choice) is a huge concession to the neoliberal idolatry of the market" (Guthman 2011 p. 148). Further, the alternative food movement (led by those who are predominantly white, middle-class, and thin) promotes local, sustainable food as the antidote to obesity and ill-health and claims that unequal access to this food is the injustice, not disparities in wages or working conditions (Guthman 2011). Food desert discourse embodies the same ideals, but in an indirect way—it works to create environments that encourage these desired healthy behaviours. Strategies to ameliorate food deserts take the privileging of middle-class food behaviours and stretches it to include "middle-class 'foodscapes,'" asserting that there is a "best" model for food retail (supermarkets) while ignoring the urban processes of segregation and disinvestment that have created the different landscapes (Shannon 2013b).

A number of scholars argue that this pressure to conform to state- and elite-defined ideas of health is unethical. There are many who eat unhealthy things (and enjoy it) even though they know that their habits are damaging to their health, but in a democratic society these people have a right to select pleasure over health. This claim decouples individual agency from the responsibility to make socially determined "best" choices (Devisch 2010; Baccini 2010). Mol (2010) takes this a step further; she juxtaposes the idea that eating is tied to pleasure with the dominant nutrition education paradigm of valorizing moderation and argues that by embracing satisfaction, people might be able to choose and consume what is best for their own bodies.

Carney (2014) raises the issue of how "food provisioning processes are regulated by the disciplining techniques of neoliberal capitalism" (p. 4) in an even broader sense. She describes how many of her respondents decline to participate in food assistance programs for which they were eligible because of their disapproval of 'freeloaders' in a highly individualistic society. This is another way that a principle of individual responsibility gets embodied and privileged, even over assured comfort and satiety. Further it shows how poor people can be pitted against each other, disapproving of each other's behaviours and thus directing their attention away from making rights-based claims on the state.

However, neoliberalism, while dominant, is not monolithic. At the scale of the nation Harvey (2007) points out that there is a tension between the theory of neoliberalism, and its practice. Compromises are made as regulation is required for monopolies and some state intervention is needed to address externalities. Similarly, Collier (2011) shows that in a transition to neoliberalism all welfare-state goals are not abandoned—the state still takes some responsibility for ensuring that basic needs are met. Soss, Fording, and Schram (2011) use the phrase "neoliberal paternalism" to reveal the way in which neoliberalism and social services (like welfare) coexist in contemporary America. And as it concerns individuals, in her discussion of the food insecurity of migrant workers, Carney (2014) describes the obligation that women feel to cook for themselves and their families and offers two alternate framings. In once sense, it highlights the way women are subject to neoliberal push for self-sufficiency and bear the responsibility for their family's

health. In a different light, cooking healthy food is a reflection of women's agency and resistance against the powers that constrain them.

Many critiques of the individual responsibility paradigm in food and eating attempt to focus public policy on the ways food environments constrain healthy eating—an environmental justice approach rather than a biopolitical one. (LeBesco 2011). For example, Kirkland (2011) writes that feminist scholars have advocated taking an environmental view of obesity (and health) problem "on antiracist and antisexist grounds" (p. 468), because focusing on the environmental conditions that result in the above average obesity rates among low income women of colour removes the tendency to blame individuals for their weight and ill-health. This outlook partly frames the community food security movement, which acknowledges the community and locational aspects of food access and food security (Haering and Syed 2009). It has also shaped New York City's recent public health campaigns—beginning under Mayor Bloomberg, there has been an intense focus on chronic diseases such as cancer and diabetes. To frame these diseases as epidemics, it was "necessary to counter the widespread perception that chronic diseases were problems of individuals' own making—that people developed obesity-related illness because they were too gluttonous and too slothful, because they lacked willpower and made poor choices" (Colgrove 2011: 258).[11]

[11] In May of 2014, Mary Basset, the Health Commissioner appointed by Mayor Bill DeBlasio, announced the launch of a new Office of Health Equity to address the health issues that disproportionately affect communities of colour, including obesity, diabetes and maternal mortality (New York City Department of Health and Mental Hygiene 2014b).

However, Kirkland (2011) goes on to make the provocative argument that this environmental view of obesity and of the concomitant anti-obesity policy actually works *against* what feminists are trying to achieve. She argues:

> This environmental approach to obesity has been sold as a structurally focused alternative to stigmatization, but it actually embeds and reproduces a persistent tension in feminist approaches to social problems: well-meant efforts to improve poor women's living conditions at a collective level often end up as intrusive, moralizing, and punitive direction of their lives. In this case the environmental argument seems structural, but it ultimately redounds to a micropolitics of food choice, dominated by elite norms of consumption and movement" (p. 464).

Here, Kirkland calls attention to a paradox of agency in the environmental view of obesity and anti-obesity interventions. This discourse starts from a place of avoiding personal blame, but lands on interventions that rely on individual agency and the choice to consume healthy food. Strategies to increase access to fresh fruits and vegetables assume that once those things are available people should easily chose them; thus when they do not select healthy items we can indeed hold people responsible for making (bad, wrong, unhealthy) choices. The environmental account holds that people have no agency and are "duped by capitalist forces" into eating unhealthful foods, *and* they are "entirely self-determining" and will be thin because they eat healthy and exercise sufficiently (p. 467).

This paradox of environmental determinism and individual responsibility deepens my theoretical focus on the tensions between environmental justice and biopower in food access expansion programs. At first glance the environmental justice conception of food access takes a collectivist, environmental view of food inequities and seeks to solve them through environmental and community-level interventions. The biopolitical/neoliberal approach, with its focus on encouraging

individuals to do work on themselves puts personal responsibility and individual choice more upfront. But neither of these approaches is dominant, neither is there a pendulum swing from one to the other.

Food is Special

Community food security, environmental justice, biopolitics, and neoliberalism frame food in a certain way. Broadly, a concern for food access in the inner city touches on issues of racial health disparities, income inequality, gentrification, the capitalist provision of essential goods, personal responsibility, the obesity epidemic, the neoliberalization of government, and the role of non-profits and public-private partnerships. Food is an increasingly popular area of interest, and that popularity sheds light on some of the deeper questions of how we manage and improve our urban lives.

But food is also about *pleasure*, and this is often written out of food access discussions. Beyond food's necessity for life and health, eating is an aesthetic pleasure, a cultural practice, and a social activity. What you eat, how you eat it, and whom you eat it with *matters.* Food is integral to personal and social identity, how you distinguish yourself from others, how you establish your social position (Bourdieu 1984), how you find comfort, and how you measure the rhythms of a day or year. The field of food studies is predicated on studying these meanings for individuals, communities, and society (Counihan and Van Esterik 1997; Belasco 2008) and writers have long written about food and its preparation in scholarship and memoir (for instance: Colwin (1988), MFK Fisher (1989; 2004), Calvin Trillin (1994; 2004), Julia Child (2006), Bill Buford (2007), Julie Powell (2005), Gabrielle

Hamilton (2011)). In this genre, writers reflect on the sensations of food, the smells, colours, textures, and tastes. They write about the feelings associated with certain dishes, the joy in preparing food and eating it with others, and the memories evoked by ingredients and flavours.

But the role of taste, pleasure, and desire in decision-making around food is mostly elided from public policy. In public health promotion, food is seen merely as instrumental. It is often described by its components: calories, sugar, fat, carbohydrates, proteins,[12] and there is a constant refrain of encouraging people to make "healthy choices" through "nudges" (see Thaler and Sunstein 2009).[13]

A particular instance of this narrow technical discourse has occurred around the proposals and discussions to limit what recipients of Supplemental Nutrition Assistance Program (SNAP; formerly known as food stamps) can buy with their SNAP dollars. Notably, a ban on using SNAP to purchase soda was proposed by Mayor Bloomberg in 2010, but was rejected by the USDA on the grounds of administrative burden (McGeehan 2011). The idea has been supported by smart, thoughtful writers and public health practitioners. This group includes public health attorney Michelle Simon, who is particularly critical of the profit that large food

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[12] For example, the NYC Department of Education's Wellness Policy describes an approved snack as one that has less than 200 calories with a maximum fat level of 35 percent of total calories, less than 10% of calories from saturated fat, less than 35% of calories from sugar, 0.5 grams or less of transfat, 200mg or less of salt per portion, and all grain-based snacks must contain at least 2 grams of fiber per serving (New York City Department of Education 2010).

[13] "Stocking healthier snacks helps kids (and adults) make better choices." (New York City Department of Health and Mental Hygiene and NYC Center for Economic Opportunity 2013a) "Creating attractive marketing materials can encourage store patrons to make healthier choices." And "By moving healthier items to more visible locations, creating attractive displays and marketing these healthier products, you can make it easier for customers to make healthy choices." (New York City Department of Health and Mental Hygiene and NYC Center for Economic Opportunity 2013b).

corporations make from SNAP—in one report she makes particular note of the lobbying groups that fought the proposal, including those representing soft drink companies (Simon 2012). As well, New York *Times* food columnist Mark Bittman (2012) came out in favor of the proposal, writing,

> Let's be clear: Sugar-sweetened beverages are nothing more than sugar delivery systems, and sugar is probably the most dangerous part of our current diet. People will argue forever about whether sugar-sweetened beverages lead directly to obesity, but Bloomberg's ban should be framed first and foremost as an effort to reduce sugar consumption. Good.

These arguments are cogently refuted in reports from the USDA (2007) and the Food Research and Action Center (FRAC) (2011) which argue against limiting SNAP to healthy foods. First, there are no clear definitions for healthy and unhealthy food. The FRAC report puts it simply: "There are no agreed on and easily applicable standards—in science or policy—that can be used to determine the foods to target for restriction" (p 14). Second, America's obesity crisis is not limited to SNAP recipients so targeting them directly is arbitrary and inequitable. FRAC produced a chart (Figure 3) that shows the percentage of food spending by different income groups and reveals that there is almost no variation by income; SNAP recipients do not spend an outsized amount on soda. Third, there is no evidence that banning the purchase of soda with SNAP will reduce soda consumption, and further, adding restrictions to the SNAP program makes it more expensive and less effective. Fourth, FRAC takes care to point out that restricting what SNAP can be spent on singles out the poor which reduces their ability to live in dignity. The FRAC reports' authors hold that "those suggesting strategies aimed uniquely at keeping poor people from the normal streams of decision-making and commerce bear a burden of

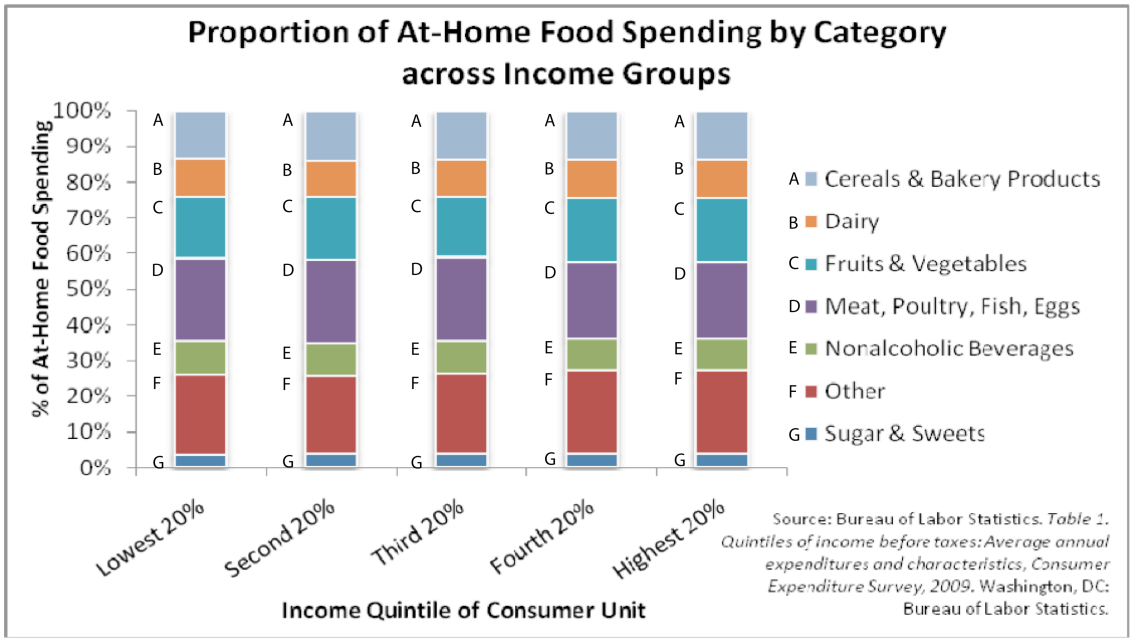

Figure 3. At-Home Food Spending. Source: Food Retail and Action Center (2011)

justifying that targeting" and hypothesize that this focus on SNAP participants comes from "a frustration about the inability to deal with the problem more broadly" (p. 13). This is particularly astute—it seems that a focus on SNAP restrictions comes up as a solution simply because it is possible, not because it is best.

When Simon (2012) and others argue that public subsidies for the poor are supporting problematic corporations that harm the poor—and the country—in other ways, they are combining two sticky problems. The growing dominance of large corporations is a problem in America for many reasons, including loss of smaller business, low wages, and environmental degradation. (Mitchell 2006; McMillan 2012). But using the nation's poor as a battering ram for knocking down their wall of influence is both misguided and unjust. So, for instance, when Simon (2012) points out that "Walmart receives half of all SNAP dollars in Oklahoma" (p.

16) and is irate that "SNAP is subsidizing this huge corporation" (p. 17), she gives the fight against Walmart greater importance than the responsibility to ensure that all people in the United States have adequate food to eat. SNAP is a nutrition program meant to make certain that no one in this country goes hungry; it is not a tool for punishing the types of businesses that anti-corporate activists don't like. In her last published article, political philosopher Iris Marion Young (2006) notes that while all must share responsibility for structural injustices, people must only act to the best of their ability. Thus, it is not incumbent upon those as the lowest end of the income spectrum to pay more for "better" food (more ethical, more ecologically sustainable), as many food movement activists implore (Pollan 2007; Pollan 2009; see also Guthman 2007). Eating is an intensely personal act, and attempting to manipulate this practice—particularly amongst poor people—in the service of a particular politics erases the agency, desire, and pleasurable elements of food.

To relate this to the specific nature of food: those who argue that food stamps should not cover soda imply that if it is not covered by their food subsidy, then low-income people will cease purchasing it and will be healthier eaters. Those opposed to the restriction argue that this particular prophesy will not come true. Neither party makes any concession to the role that soda may play in the lives of people who drink it: that they like it, crave it, expect it as a component of meals or parties. I do not claim to know precisely the role that soda plays—though an ethnography of soda consumption across class and racial groups would be a fascinating study and

welcome addition to the literature[14] —what I'm arguing is that the pleasure of food is often written out of food access discourse. This inevitably weakens the ability of program designers to craft interventions that work within people's uses of food for pleasure and status as well as satiety and health.

Some scholars and writers are attentive to these concerns. Julie Guthman, in *Weighing In* (2011), writes about herself and how her desires to eat ice cream with her kids competes with her extensive nutrition knowledge. Hayes-Conroy and Hayes-Conroy (2012) note the way food feeling—what they term "viscerality"—is used as a tool for producing healthy eaters. Bennett (2007) has written about the materiality of food—how different foods produce different effects on the body—as something that deserves special attention, and as discussed above, Mol (2010) writes about how a concern for satisfaction could change nutrition advice. And as a research method, Larchet (2014) did ethnographic work in a corner store with the premise that understanding neighbourhood food purchasing habits could account for the reasons that a nearby farmers' market failed.

Many of those active in food policy and food access work recognize the importance of the non-nutrient aspects of food—for instance, the definition of community food security includes cultural appropriateness in its list of qualifications (Hamm and Bellows 2003; Hammelman and Hayes-Conroy 2014).[15]

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[14] Michael Moss (2013), in his recent book *Salt Sugar Fat: How the Food Giants Hooked Us*, begins this line of inquiry with an excellent investigation of how the soft drink industry pushes its product.

[15] Hamm and Bellows (2003) describe community food security as "a situation in which all community residents obtain a safe, *culturally acceptable*, nutritionally adequate diet trough a sustainable food system that maximizes community self-reliance and social justice" (my emphasis), while the USDA's definition of food security is simply "consistent, dependable access to enough food for active, healthy living" (Coleman-Jensen, Nord, and Singh 2013: v).

Perhaps the best example is the growth of "client choice" food pantries that are set up so that patrons can "shop" for groceries that suit their needs, rather than being given a pre-selected package of food. Pantry areas are organized like a small store with a produce section, a dairy section, and shelves of cans and boxes of packaged food. Clients are required to select food in various categories (grains, protein, vegetables), but the choices they make are their own (Remley et al. 2006; Remley et al. 2010; Remley, Kaiser, and Osso 2013; Ohio Association of Second Harvest Food Banks 2014). This strategy shift acknowledges that eating is about more than sustenance; having agency over what to eat and how to prepare it matters for dignity and autonomy. Hunger ought not to mean the elimination of desire and preferences through a "take what you can get" ethos.

Food is nourishment, it is pleasure; it is both a cultural practice and a social activity. Food does good things to the body as well as bad. But when food is represented in policy discussion, all of this gets erased. The excessive attention to the details of municipal policy and programs, the figures in non-profit organizations' reports to grant funders, and the value of pounds of produce sold in Brownsville between 2010 and 2013 makes it easy to casually forget just what is under discussion and more importantly, why it matters.

Conclusion

This research, by choosing to ask questions about how food programs are designed and implemented and how these programs effect the people and neighbourhoods that they target still keeps the personal and emotional aspect of

food at the forefront. The theoretical frames that shape my analysis—community food security, environmental justice, biopolitics, and neoliberalism—have particular stakes for how to think about what it means to intervene in the food environment

Community food security and environmental justice provide a rationale for top-down food access work. They make use of planning tools of mapping and measuring, define the problem of inadequate food retail in a spatialized way rather than as an individual problem, and they connect food access to larger struggles for racial equality in urban environments. CFS and environmental justice provide a rationale for intervention as they attempt to improve food environments as a pathway to improving health, well-being, and neighbourhood quality of life.

The ideas of biopower and neoliberal responsibilization, on the other hand, provide a way to analyze how food access programs do not affect only the environment. They go father and intervene at the level of the body and individual practice, encouraging individuals to do work on themselves, and change behaviour for the sake of their own health and their community's health.

Finally, I bring to this work a discussion of how food is special in that incorporates pleasure, culture, and identity alongside health and hunger. This discussion allows me to further an exploration of the way that eating is not simply a part of healthy or unhealthy living, but also a social practice that shapes the way people relate to their neighbourhoods and their families, and the way that experts and authorities in public health and urban planning can either acknowledge or ignore that reality in shaping policy and designing programs.

Chapter 2: Planning as Public Health, Public Health as Planning

There is a growing awareness that improving food access is crucial to addressing health and quality of life. What is less certain is what fields of scholarship and practice "own" this topic. Strategies to improve access to healthy food in urban centres have come from both urban planning and public health bodies; both fields are able to claim that food falls under their purview. Public health has long been concerned with food as it relates to nutrition, hygiene, and health, while urban planning addresses urban amenities and many aspects of the food system including retail, land use, and transportation fall under its jurisdiction. In New York City, we see the Department of Health and Mental Hygiene work on programs to stock bodegas with more fresh produce, bring farmers' markets to low-income neighbourhoods, increase the affordability of farmers' markets, and put mobile vegetable vending carts on the streets; in Baltimore, these types of programs—food delivery to underserved neighbourhoods, as well as farmers' market and public markets—are directed by the department of city planning.

This chapter looks at how both public health and urban planning have come to see food—specifically improving food access—as a goal to pursue. Food has been a catalyst for the re-convergence of planning and public health, and the recent distress over America's "obesity epidemic" has provided a focal point for the linkage of these two disciplines and practices. This alignment of public health and urban planning is imperative for understanding the current strategies to expand food access into underserved areas, the focus of this dissertation.

Both public health and urban planning consider food access to be their proper role, but the professions have arrived at that conclusion in dramatically different ways. This chapter traces the histories, strategies, and mandates of public health and planning as institutions. Both fields have similar origins in the early history of industrial cities, but they diverged as each became more specialized and developed its own disciplinary approach. Today we see a re-convergence of the ideals, aims, and strategies of both fields, particularly in attempts to shape the food environment. In the following pages, I outline how, from the mid-19th century to the present, planning has become a strategy of public health and public health is used as a motivation for planning. A specific concern for improving the food environment has drawn the fields back together.

Early Days of Planning and Public Health.

The origins of urban planning and public health are commonly placed in the mid 1800s, with Edwin Chadiwick's 1842 *Report on the Sanitary Conditions of the Labouring Populations in Great Britain*, Fredrich Engles' *The Conditions of the Working Class in England* in 1844, and *The sanitary conditions of the Laboring populations of New York* in 1845 by John H. Griscom, NYC's chief sanitary inspector. These reports found that diseases and ill-health affected the poor more than the rich, and advocated for improvement to housing such as fire escapes, bathrooms, and ventilation; drinking water and waste water systems; and trash removal and street cleaning. It was thought that unsanitary environmental conditions were the sources of miasma—bad air that caused disease—and that removing foul water and

was the key to health (Lupton 1995; Hall 2002; Corburn 2007; Corburn 2009). Settlement house workers such as Jane Addams also focused on land use and infrastructure, building parks, playgrounds, and public baths (Duffy 1992; Spain 2001; Corburn 2009; Belanger 2009).

These reformers and their cohorts understood that that the physical structures of the city could affect health, and recognized that systems such as sewers needed to serve everyone to be effective. Early planning and public health advocates believed in broad, large scale, state-owned systems and infrastructure, as well as broad regulation of industry and buildings. This shifted much of the responsibility for elements of hygiene away from individuals and onto the state, which led to the creation of bureaucracies to manage these programs.[16]

The strategies to improve urban health at this time took shape as both broad infrastructural interventions and moralist hygienic intervention: middle class reformers believed that hygiene could civilize the poor, stop them from drinking, swearing, and letting their children run wild (Lupton 1995). However, the discovery of the microbe at the end of the 19th century replaced the miasma theory of contagion and shifted attention away from the environment and the social back to an emphasis on individual habits (Rosen 1971; Lupton 1995; Corburn 2009). An awareness of germ-borne contagion led to greater opportunities to police individuals, as educating the poor about bacteria became a more common strategy than creating a healthful environment:

[16] Lupton (1995) takes a more critical approach, focusing on how the initial concern for cleaner, disease-free cities was not about quality of life but rather worker productivity; she points out the links between urban health and the "economic imperatives of the emergent capitalist system" (22).

> In concert with the new imperative of hygienism, individuals, especially school children, were exhorted not to pick their noses, place their fingers or any other objects apart from food and drink in their mouths, to keep their hands clean and not to cough or sneeze in a person's face. Thus the space that was policed was that between individual bodies rather than between groups of bodies and the environment (Lupton 1995, 37).

The change in understanding of the source of disease also led to changes in understanding how to best prevent disease.

Disciplinary Silos

Another feature of this era was that the disciplines of health, medicine, and urban planning drew stricter borders around their fields. Professional specialization took hold as physicians, for instance, who were uninterested in parks and housing, took charge of public health agencies (Corburn 2009). This was also the genesis of the formal city planning profession, with men such as Daniel Burnham crafting large scale aesthetically-driven plans for entire cities, such as the 1909 plan for the city of Chicago, meant to improve upon an unsightly and unsanitary city (Smith 2009). This type of planning was at odds with the sanitarians and social reformers: the emphasis on aesthetics ignored or negated the humanitarian tone of reform, and the work left no place for social workers and sanitarians. Spain (2001) contrasts the activities of predominantly female volunteers working on small-scale neighbourhood improvements like parks, playgrounds and public baths, with the grandiose works of men like Burnham, who get much of the credit for "inventing" city planning.

In public health, Rosen (1971) explains how the discovery of microbes and bacteria created new areas of concerns. Health workers became aware of noxious

influences that could not be seen in the physical environment, and "new programs developed and new personnel were trained to execute them" (1623). This quickly led to a myriad of different programs, including "maternal and child health, industrial hygiene, tuberculosis, venereal disease and mental ill-health" (1623) as health commissioners desired order and coordination.

Neighbourhood health centres were established as a solution to this jumble of programs and activities. These health centres became one major way in which public health was still attentive to urban geography. Small clinics sought to bring services directly to the poor; taking the lead from Settlement Houses they were sited directly in target neighbourhoods in order to address the malnutrition and infectious diseases that were prevalent among poor people living in dense settlements. By reducing the need for travel and minimizing language barriers, health centres sought to increase the use of health facilities overall. The health centre movement also believed strongly in community participation, and community committees were organized through the centres (Stoeckle and Candib 1969; Elinson and Herr 1970; Rosen 1971; Corburn 2009).

Health centres also served as sites of surveillance and focused public health on the education of the poor rather than on constructing and improving infrastructure. Mothers were especially targeted, as they were responsible for the health of the family. Health workers inspected children's teeth and used dental decay as an indicator of a mother's level of ignorance or degree of concern for hygiene (Lupton 1995). James Colgrove, in his history of public health in New York City, quotes Herman Biggs, a prominent figure in New York's Public Health in the

1980s, who declared "sanitary measures are sometimes autocratic, and the functions performed by sanitary authorities paternal in character" (Colgrove 2011: 9), all for the sake of the public good. Neighbourhood health centres fell out of favor after the First World War, however, due to a reduction in immigration, the general success of previous immigrants and their move out of their initial neighbourhoods, higher levels of English proficiency, and a growth in private health care and a decline in a desire for coordination of public health resources (Rosen 1971). The American Medical Association disliked the health centres, decrying them as socialist, and lobbied for their removal. In any case, federal funding for them ended in 1929 (Corburn 2007).

Another important link between health and space was through the rise of zoning: New York's zoning code, adopted in 1916, was the first citywide zoning plan in North America. Its aim was to separate different types of land use, move business and manufacturing away from residential areas, and regulate the heights of buildings for light and air. Zoning also had a public health function: reducing crowding and improving air circulation to prevent tuberculosis, moving noxious factories away from residential areas, and restricting building use to allow the provision of adequate utilities such as sewers. Zoning was a way to exert control over privately owned land for public good, but while separation of uses was partially about protecting public health, it also protected land owners' property investments (Revell 1997; Corburn 2007). Zoning also served to further bureaucratize urban planning by giving the department exclusive control over land use and it extended a rational and universalist god's-eye-view approach to

understanding cities, which dovetailed with the new medicalized model of understanding disease and health.

Science, Technology, Rationality.

In the early decades of the 20th century, science and technology became dominant forces in American public life. This, along with the social conservatism of the 1920s, pushed public health into the laboratory and away from city streets and social concerns (Fairchild et al. 2010). The discovery of germs displaced the belief in miasma as the source of disease and this period for public health is often characterized as an era of "contagion control," focused on germ theory (Rosen 1971; Awofeso 2004; Corburn 2009). The dominance of science continued after the Second World War, owing to the growing power and authority of the medical profession. After the Second World War, the primary understanding of public health was that of "the biomedical," which "attributes morbidity and mortality to molecular-level pathogens brought about by individual life-styles, behaviours, hereditary biology, or genetics" (Corburn 2009: 49-50). Awofeso (2004) describes this as the Era of Preventive Medicine, due to the focus on prevention of disease in high-risk groups. This paradigm is a clear continuation of germ theory, but with greater attention to personal behaviours and "risk factors" such as diet. This approach relies heavily on a bio-chemical understanding of disease once it has entered the body, with less concern for local environmental context. The purity and isolation of the laboratory was lauded, as the laboratory was "where findings and interventions could be applied anywhere and to all population groups because they

reflected the placeless, standardized, and controlled environment of the ideal laboratory" (10). Additionally at this time insurance companies, hospitals, and doctors took control of medical care away from public health. These actors were unaware of (or actively opposed to) the role public health could play. So, rather than place-specific improvements or interventions, public health focused on things like universal immunizations, while the increasing authority of doctors and scientists, as well as the rise of insurance companies, changed the focus of public health from the environment to the bodies and diseases (Fairchild et. al. 2010).

Fairchild et al. (2010) note a particular irony here. In the twentieth century, cancers and chronic illness supplanted the epidemics of communicable diseases that characterized the nineteenth century, partly due to increased exposure to synthetic materials, the prevalence of toxic materials like lead paint, and air, water, and soil pollution from new types of transportation and manufacturing processes. While these transformations were occurring in the American environment, the public health establishment turned its focus to the laboratory and the study of bacteriology rather than the social and environmental context for ill health. Public health withdrew from interdisciplinary approaches; the first Dean of the Johns Hopkins School of Public Health understood that housing and urban reform had a role to play in public health, but saw those activities as belonging to engineering, social work, and urban planning. At his university, public health education would happen in the laboratory.

In the post-WWII era, the urban planning establishment found itself in a similar place, relying on expertise and science. The growth of the comprehensive,

rational model of planning aimed to bring order to the city, as well as "diminish the excesses of industrial capitalism" and apply apolitical logic and science to planning (Beauregard 1989). This is what Goldstein (2011: 401) terms the "New Deal spatial order" which

> brought the faith in government-administered social welfare, elite expertise, and capitalistic progress that characterized modern liberalism into the realm of the built environment, yielding new, government-sponsored, modernistic developments nationwide.

That is, an approach to planning that believed in universal, placeless approaches to urban design and development, dreamed up and vouched for by planning experts, and rolled out across the nation's cities.

This style gave rise to "urban renewal" efforts that bulldozed thriving—if poor and dilapidated—communities to build highways and massive towers-in-the-park style public housing projects. Urban renewal gave planning a bad name among community members who were displaced or had their lives otherwise disrupted, as well as urban activists, and even planning students (Connerly 2002; Goldstein 2011). Though urban renewal was intended to revive and repair cities using a comprehensive and rational approach with up-to-date ideas of beneficial urban design, the distance of models from the real lives of people actually increased poverty and distress for residents of poor neighbourhoods as they were forced from their homes with no guarantee of relocation in the same social milieu, or even at all.

The 1960s brought attempts to address urban problems on a national level: the US Department of Housing and Urban Development (HUD) was established in 1965 in response to rioting in the inner cities. However, HUD included no provisions

for increasing employment in order to revive the economies of distressed urban centres, which ensured its inability to actually solve problems. Critics saw HUD as a token attempt at placation, "something for the blacks" and didn't put much faith in the agency's abilities (Pritchett 2008). The Model Cities program—a hallmark of President Johnson's "War on Poverty"—was a creature of HUD and promised to be "the most comprehensive, urban-focused effort in the nation's history" (Weber and Wallace 2012:175). Model Cities programs included health-related programs such as the construction of recreation facilities and senior centres, lead-paint abatement programs, summer programs for children and teens, and improved health care services. Model Cities forced municipal governments to expand services to previously-ignored neighbourhoods, coordinate disparate agencies, and seek out citizen input. Though Model Cities did not last long enough to achieve its aims—President Nixon had begun dismantling the program by the 1970s—the program had a number of successes.

Backlash

The 1960s marked the start of a progressive backlash against the work of both the urban planning and public health professions. Despite the scientific advancements, health inequalities continued to affect the poor and people of colour at greater rates than the rest of the population and progressive community activists challenged the public health establishment to address this inequity (Corburn, 2009).

One of these groups was the Student Health Organization (SHO), a national group of medical, dental, nursing and social work students who, in the 1960s and

70s, fought against the dominant ideologies of the American Medical Association in order to improve health care, democratize hospitals, and involve health in the war against poverty. The SHO sought to imbue the health establishment with a concern for the social problems of the day, not simply the medical problems (Rogers 2001). Another was the Black Panthers who had developed a set of community health programs as a response to a medical establishment that was often deceitful and disrespectful (Nelson 2011). One egregious example is black women being told that they would still be able to have children if part of their uterus was removed during coerced, unwanted sterilizations. The call for "community control" of health care facilities was meant to prevent exactly these sorts of practices. The Black Panther Party established a network of free healthcare clinics to provide medical care to populations ignored or mistreated by the medical establishment.

The Black Panther's clinics and the SHO were part of a larger radical health movement in the 1970s that included hippies, leftist activists such as the Students for a Democratic Society, and other race-based activist groups such as the Young Lords. The ethos of this community-based health movement was a DIY, self-reliant spirit that encouraged laypeople to "claim the mantle of expertise by taking a hand in their healthcare" often through the creation of free clinics (Nelson 2011: 82).

This type of community pushback against the health establishment brought a language of *rights* to the discourse as people saw themselves as consumers of health services, not simply bodies to be attended to. Participation in social movements such as the fights for racial, gender, and sexual equality often coincided with a growing public distrust in expertise—the public outcry over the deeply

unethical Tuskegee syphilis study, after the story broke in 1972, is one stark example (Hellerthe 1972). Meanwhile, the growth of civic participation under Model Cities put public health practitioners and community residents in rooms together, but the civic groups did not see health departments as simply benevolent, and they demanded greater control over things like the siting of health centres and the pace and scope of health service implementation (Fairchild et al. 2010; Colgrove 2011).

Planning saw its own backlash: in response to the creation of highways and large-scale housing projects and the destruction of viable neighbourhoods and displacement of whole communities in the name of "renewal," many began to question the top-down, rational model of planning. Jane Jacob's (1961) book *The Death and Life of Great American Cities* stressed the importance of mixed-use neighbourhoods, and movements like advocacy planning argued for the importance of citizen participation in land use decisions (Davidoff 1965; Arnstein 1969). Students entering Urban Planning programs in the 1960s and 1970s came to their education with a commitment to social justice and an eye towards using planning to address racism, poverty, spatial segregation and discrimination (Thomas 2006). Student activists at Yale's planning and architecture programs in the 1960s demanded a new approach to pedagogy and a greater involvement with residents of New Haven; they eventually contributed to urban renewal's downfall there (Goldstein 2011).

Though the planning and public health establishments driven by universality, aesthetics, and scientific efficiency seemed to have lost their concern for ameliorating inequities and improving people's qualities of life, community groups

and citizen activists were making strong links between planning and public health. In East Harlem, The Young Lords—a Puerto Rican activist group that formed a chapter in New York in 1969—began a campaign to force the city to remove the garbage in their neighbourhood that routinely went uncollected by the Department of Sanitation, trash that served as a symbol of the poor living conditions of the area. This "garbage offensive" set in motion further activism, including a health campaign that focused on the prevalence of tuberculosis in the *barrio*, due in part to dilapidated housing and overcrowding. As Gandy (2003: 183) writes, due to the work of the Young Lords, "the urban environment had now become linked to a much more wide-ranging political agenda than the technical discourse of civil engineering and city planning that dominated urban policy making until the late 1960s." This was more true for community groups and activists, however. The professions of urban planning and public health still remained specialized and dominated by a focus on expertise, causing further separation between them.

Planning turns back to community

In the 1980s and 1990s, urban planning practice began to be characterized by increased privatization, neoliberalization, and globalization (Graham and Marvin 2002). While some planners worked to focus on equity—like Krumholz's (1982) declaration that the Cleveland Department of City Planning would be oriented towards "providing more choices to those who have few, if any choices"—much of the profession was concerned with development. Campbell (1996: 297) writes:

> Though planners often see themselves as the defenders of the poor and of socio-economic equality, their actions over the profession's history have

> often belied that self-image. Planners' efforts with downtown redevelopment, freeway planning, public-private partnerships, enterprise zones, smokestack-chasing and other economic development strategeies don't easily add up to equity planning.

Graham and Marvin (2002) also point to the collapse of the idea of comprehensive planning in the neoliberal era. The inability of planners to take on the whole city and its optimal arrangment made for planning that focused on individualized projects and strategic plans. Though this approach might be a reasonable response to the disaster of urban renewal and an associated trepidation when it came to large-scale plans, a loss of a comprehensive focus meant that planning no longer had an overarching view that could include other areas such as community development, environmental issues, and health. Likewise, the urban infrastructure that was so much a part of planning and public health in the sanitary era of the late 19th century was being "unbundled"—a coherent infrastructure system was being privatized and taken apart.

Some planners, concerned with the way planning no longer seemed to work in the service of improving cities for all, shifted to a focus on community participation. Beauregard (1984) describes the recognition by planners of a need for community participation, which meant the planner had to change. Not just experts, planners also had to be brokers, mobilizers, and gadflies. Innes (1995) sketches the emergence of a new planning theory, communicative action, which recognizes planners as people, embedded in the world, who interact with communities. In her description of this shift, she notes that planning theory in the 1960s and 1970s focused abstract ideas of what planning "is and ought to be" (183), and that

practicing planners worked to maximize welfare through technology and expertise: analyzing problems, designing interventions and regulations, and creating self-organizing institutions. In contrast, communicative action theory looks at the work of planning and at actual planners, understanding the "messy" parts of planning are the true substance of planning. This approach

> sees planners as actors in the world rather than as observers or neutral experts. They not only do not premise their work on the idea that the planner's task is to use knowledge for managing society, many of them are worried about the planner's potential to exercise such power (184).

Understanding that planning is not simply technical and value-neutral, and that planners work within prevailing political and power structures, Forester (1989) called for greater engagement with local context and local knowledge, and a recognition that the expertise of planners was only one sort of knowledge amongst many. The planning process, therefore, needed to go beyond the legally required community input processes which merely "discourage busy and thoughtful individuals from wasting their time" going through "rituals" to satisfy legal requirements (Innes and Booher 2004: 421). Instead, community participation models needed to listen to people's voices and involve them in the creation of plans, not just request responses to plans already proposed.

The move towards participation and community-involvement orientations to urban planning are responses to both technocratic rational-model planning, as well as neoliberalized, global-finance-driven urban development. However, this focus on participation and community decision making has been critiqued by some for being too process-oriented without enough focus on substantive outcomes. A better

system for community engagement still does not spell out what an ideal city is (Fainstein 2000).

Health Turns to Planning

As the planning establishment began to address the backlash against the rational model in the 1990s by widening the scope of planning to include local context and local knowledge, public health began to turn away from the universalist biomedical model of disease and ill-health and move towards a concern for social epidemiology and health promotion.

The biomedical model of public health focuses in on individual bodies as hosts of disease. It pays little mind to the environment or social dimensions of ill health, instead studying disease in laboratories, and targeting interventions to address individual behaviours, lifestyles, or genetics (Fairchild et al 2010, Corburn 2004). The emergence of the era of primary health care in the 1970s and 1980s began a move away from medical dominance and back towards an ideal of community health and "health for all" (Awofeso, 2004). The 1978 Alma-Ata declaration of the United Nations' World Health Organization put forward the view that health is not simply the absence of disease, it is a positive state of social and economic well being (Bunton 1995).

Social epidemeology looks at social distribution and determinants of health with the aim of identifying socioenviromental factors and causes of health outcomes. The subfield arose out of the more established field of epidemiology after re-discovery on the part of public health researchers that health disparities fall

along socioeconomic lines (Berkman and Kawachi 2000). Beginning in the mid-1970s, epidemiologists—those who study the distribution patterns and causes of disease—began to see social inequalities in health and sought an "epidemiologic approach to understanding disease etiology that incorporates social expeirences as more direct causes of disease and disability than [was] the customary view" (Berkman and Kawachi 2000: 3-4). That meant changing some of the basic questions that public health researchers were asking: why some *populations* had different health outcomes, rather than why some *individuals* were at higher risk for some diseases. It also meant a commitment to investigating phenomena at the edges of epidemology's domain, including the environmental factors that influence health and the social context of behaviours. These two elements often overlap, as poor people are often concentrated in neighbourhoods that lack access to health-promoting amenities and are disproportionally burdened by unhealthful environmental effects—deprivations that combine with the social and cultural constraints of poverty (Hernandez and Blazer 2006). Corburn (2007: 698) specifically names "poverty, economic inequality, stress, discrimination, and social capital" as factors that "become biologically embodied" and can explain patterns of inequitable distribution of disease and health across different groups and in different places.

Discussions of the rise of the social epidemiology paradigm in public health are often included in discussions of "the new public health" and a move towards health promotion. New public health is characterized as a concern for the environmental and social factors that influence health; a return to public health's

origins, though with aspects of public health's more recent concerns and strategies woven in (Awofeso 2004). Champions of the 'new' public health believe that as public health narrowed its focus to the individual in the mid-twentieth century, it missed out on community-level strategies and became too concerned with disease rather than health.

Though it is focused on social environmental factors, the new public health represents an ideological shift away from the belief that the state should protect the health of individuals and towards the idea that individuals should take responsibility for their own well being (Petersen 1997). Awofeso (2004), trying to answer the question "what's new about the 'new public health'?", points out that progressive-era focus on the environment saw legislation and regulation as the tool to ameliorate environmental harms, while the new public health sees responsibility as being shared by community groups and individuals as well as government, and that social marketing and persuasion have become its tools—this is part of what is meant as "health promotion." Because health promotion understands that there are social and economic determinates of health, it pushes for community participation in health and embraces "empowerment" as a health promotion strategy (Robertson and Minkler 1994; Lupton 1995).

The healthy city movement is an outgrowth of new public health. It began as a program in the European office of the World Health Organization in the mid-to-late 1980s.[17] The WHO laid out characteristics of a healthy city, including a clean

[17] To show how the new public health makes connections between public health and the built environment, and other urban planning concerns, Petersen and Lupton (1997) devote a chapter of their book *The New Public Health* to "The Healthy City."

and safe physical environment, a sustainable ecosystem, a high degree of community participation, a diverse economy, and high health status, among other specific criteria. A few initial cities in Europe, as well as a greater number of cities from other countries in subsequent rounds, were connected into a network, and each city sought to translate the WHO's "Health for All by the Year 2000" goals into local programs and policies. The idea of "healthy cities" and some of the activities and programs were taken on by cities outside the network as well (Petersen and Lupton 1997, Corburn 2009).

Those critical of the new public health point out that in addition to a focus on the environment and environmental risk the idea of the healthy city is emblematic of many of the neoliberal features of the movement., including an emphasis on individual responsibility and the pathologizing of certain spaces and places as sites of risk. In other words, though the public health establishment was talking about "new" way of seeing and a more holistic way of looking at public health, the healthy cities framework "reflect[s] a conventional, modernist understanding of society and of reform," including faith in science and rational management as well as individualist ideas of responsibility for ones own health (Petersen and Lupton 1997: 121). In the healthy city, individuals are charged with managing their own relationships to risk, taking the right precautions to avoid harm, and seeking out medical advice when needed. This requires both health education and appropriate support—a healthy city has constant need for experts to advise and inform so that citizens can make the best choices.

Public health's return to an engagement with the built environment and other planning-like concerns means that public health practitioners need tools for engaging with social and environmental determinants of health. A model for this is laid out by Thomas Friedan, Director the US Centers for Disease Control and Prevention, in his health impact pyramid (Figure 4). This pyramid shows attention to socioeconomic factors on the bottom of the triangle, followed by "changing the context to make individuals' default decisions healthy" and a few more steps before "counseling and education" at the very top (Frieden 2010). This framework nicely reinforces Lupton's (1995) analysis of the 'new' public health and its health promotion activities: in her telling, health promotion is "directed not only at those who are sick, as is medical care, but at all individuals at all levels of the population," and it places "a high degree of emphasis upon the individual's responsibility for maintaining health" (50). In Friedan's model, if addressing socioeconomic factors is not possible, the next-best mode of intervention ought to promote individuals making healthy decisions. This focus on making it possible for people to *make healthy choices* is the foundation for many of the joint planning and public health efforts to fix urban food and health issues.[18]

[18] One example this framework is Baltimore's "Health in Every Policy" approach. The *Healthy Baltimore 2015* document is a set of priority areas and indicators for reducing morbidity and mortality, and improving quality of life. Two points in particular implicate built environment: #3, "redesign communities to prevent obesity" and #10, "create health promoting neighbourhoods." The document explains that "the leading indicators in this priority area explore how neighbourhood-level factors such as vacant building density and liquor outlet density influence community health" (Spencer et al. 2011: 15). Another example is New York City's *Active Design Guidelines* which specifies ways that architects and planners can make buildings and neighbourhoods more condusive to active living, such as making stairs more prominent than elevators; if they are not hidden behind heavy fire doors, more people will take the stairs because they are there, in sight (City of New York 2010, Lee 2012).

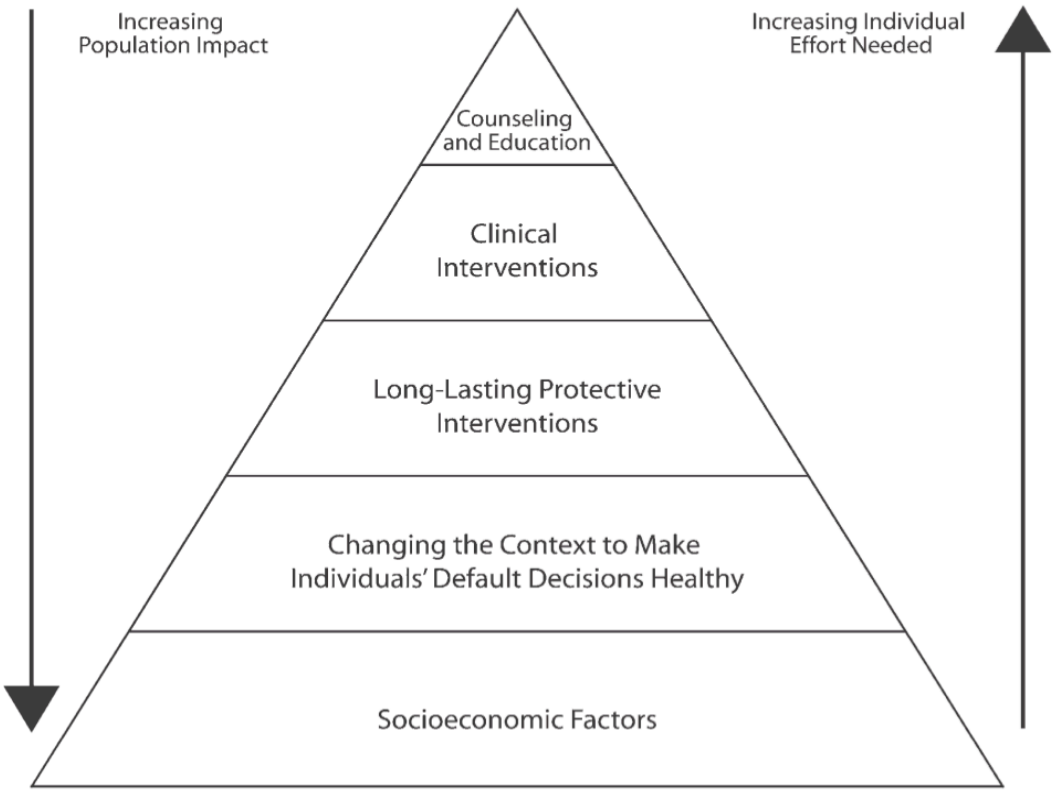

Figure 4: Frieden's Health Impact Pyramid (Reproduced from Frieden 2010: 591)

Planning Turns to Health

Part of the push for greater community participation in planning came from a recognition that planning could contribute to inequitable development, differential health outcomes, and environmental injustice. This is partly due to the "explosion" of studies from public health researchers investigating "neighbourhood effects" (Wilson, Hutson, and Mujahid 2008: 213), and the drive to understand why neighbourhoods produce these outcomes, and how differences they play out across race, gender, and socioeconomic lines. Wilson, Hutson, and Mujahid (2008) critique the aesthetics-focused urban planning of the return-to-the city gentrification that

began 1980s and 1990s, noting that trends such as "smart growth" and the construction of upscale rental properties in formerly distressed inner-city neighbourhoods fails to find concern for social equity, justice, or the welfare of those displaced. The authors thus push for collaboration between planning, public health, and environmental law to reform zoning to "decrease inequitable development, metropolitan fragmentation, and health disparities," and to put equity and justice at the heart of "smart" and "sustainable" growth (214).

Though Corburn (2004: 541) notes that "urban planning practice shows few signs of returning to one of its original missions of addressing the health of the least well off" he proposes an environmental justice framework to lead planning back to public health concerns. In his definition, the premise of environmental justice (EJ) is that "all people and communities have the right to live, work, and play in places and communities that are safe, healthy, and free of life-threatening conditions" (544). The environmental justice movement can be traced to protests over the siting of a North Carolina landfill in 1980s, and a 1987 report by the United Church of Christ that identified the racial aspects of hazardous facility locations, which marked uneven environmental exposures (including pollution, incineration, and lead paint) as a civil rights issue. The EJ movement has called attention to the fact poor and minority communities bear a greater burden of environmental pollutants and hazardous exposure and have been excluded from environmental decision making (Bullard 2000; Cole and Foster 2001). From there, many local EJ groups expanded their missions—and definitions of environment—to work on other distributional

inequities endemic to the inner city, such as jobs, housing, economic development, and food access.

Furthermore, EJ activists and advocates put emphasis on preventing environmental harms from existing in the first place, not just distributing them more equally (Sze et al. 2009). This speaks to Corburn's (2007) point that both planning and public health have a history of "physically *removing and displacing* wastes and people" (689) in order to improve cities and the public's health, in strategies that run counter to a focus on equity. Taking an EJ approach means moving away from an ideology of removal, as well as bringing planning closer to its public health roots.

And while Coburn, writing in 2004, advocated for using EJ as a way to connect planning and public health, Lopez (2012: 173) claims that it has already done just that:

> One important result of the environmental justice movement was that many public health practitioners and researchers began to understand that features of the built environment could affect health. This led to a renewed focus on the built environment in many health departments—both urban and rural—and a new generation of scientists who have dedicated their careers to the study of built environments, and a growing sense of responsibility about the health impacts of development decisions among urban planners.

One example of the way that planning and public health have been reunited on the ground—not just its outlook and research interests—is the development of the Health Impact Assessment (HIA) (Corburn 2009; Northridge, Sclar, and Biswas 2003; Lopez 2012). An HIA is intended to work like an Environmental Impact Assessment: before a development or planning project begins construction, the planners involved will be required to assess the way that the project will affect the

health of the community. An HIA can look at environmental stewardship, sustainable transportation, public safety, public infrastructure, access to goods and services, healthy housing, healthy economy indicators, and community participation. However, HIA is a very new tool, voluntary in America, and not very widely used. One example of an HIA is Toronto Public Health's analysis of the health impacts of a proposed downtown casino, specifically as it relates to gambling, addiction, and mental health (Toronto Public Health 2012). This is an example of public health taking on a land-use issue generally considered to be within the domain of planning.

For planners and planning scholars, tools like HIAs are appealing because they fit the techniques and spaces of planning while re-thinking the purpose of traditional planning activities. For instance, designing streets, open spaces, and neighbourhoods can be recast as planning for healthy physical activity by increasing walkability, and improving access to parks and other recreation areas (City of New York 2010).

A different strategy is to add new, substantive areas of concern to planning's jurisdiction. Beginning in the mid 1990s, but really taking off in the early 2000s, planners have paid special attention to the importance of food access to urban life.

Food first became a planning topic with the publication of "Seeds of Change: Strategies for Food Security for the Inner City" (Ashman et al. 1993), a project by urban planning Masters students at UCLA. After the Rodney King verdict was handed down in 1992 and inner-city LA erupted in violence, policymakers, scholars, and the public began to pay attention to deprivation in low-income neighbourhoods:

"one of the vulnerabilities exposed through the uprising was of food access and quality" (Allen 2004: 44). Professors Robert Gottlieb and Peter Sinsheimer led a group of students to research food security in the inner city; "Seeds of Change" was the first comprehensive study linking hunger and health to neighbourhood and community concerns. From there, the concept of community food security (CFS) grew (usually defined as a situation in which "all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-reliance and social justice" (Hamm and Bellows 2003: 37-38)); CFS gave food a spatial dimension. This spatial and geographic way of understanding of food and food access, coupled with the recognition that the patterns of development and neglect that shaped inner cities in general have also had an impact on food have combined to make food access and community food security fit within planning's areas of concern (Eisenhaur 2002; McClintock 2011).

Though "Seeds of Change" is widely referenced in contemporary food planning literature, food did not take off as an issue for planning practitioners until the 2000s. In 2000, Pothukuchi and Kaufman (2000) published an article outlining a number of reasons planners had not been engaging in food concerns: they did not see it as their "turf," it was considered a rural rather than urban issue, it was a private market issue, there was no federal funding for food planning, the need for food planning was not always clear, there were no obvious collaboration partners such as a department of food, and food was outside planners' area of expertise. In 2004, the *Journal of Planning Education and Research* put out a special issue on food and planning; this issue demonstrated that the food system has an immense impact on

cities in terms of labour, public health, neighbourhood quality, and waste. It recognized that planning scholars understood the crucial importance of integrating food into planning concerns. In 2007, the American Planning Association (APA) adopted a food planning and policy guide as a tool for practitioners. Cities across North America have begun incorporating food issues into their planning practice, hiring food planners, and creating municipal food policy documents (Newsom 2009; City of Vancouver 2009; Toronto Public Health 2010; New York City Council 2010; also see Pothukuchi 2009). Food planning projects include establishing farmers' markets, supporting urban agriculture, creating farm-to-table connections for school lunch ingredients, supermarket attraction schemes, cooking classes and nutrition education programs. Food planning has become an accepted part of urban planning.

Food as a link between planning and public health

Food, as a specific subject area, has brought planning and public health to bear on each other in important, tangible ways. Food has become emblematic of the uneven geographies of cities as the concept of the "food desert" has received much popular and political attention, partly due to the growing concerns over America's "obesity epidemic" (Shannon 2013b). Food has become a site where the concerns of public health such as nutrition and population-level health impact meet urban planning tools. These tools include GIS mapping of food access (Block JP, Scribner RA, DeSalvo KB 2004; Larsen and Gilliland 2008; Eckert and Shetty 2011 ; Gordon et al. 2011; Russell and Heidkamp 2011; Leete, Bania, and Sparks-Ibanga 2012; "2012

Baltimore City Food Environment Map Methodology" 2012), and retail-based economic development around supermarkets and farmers' markets ("Farmers Markets: Good for Growers, Shoppers and Cities" 1990; Pothukuchi 2005; Alkon 2012).

Because it relates to nutrition as well as hygiene and safety, food has long been a concern of public health (Rosen 1993). It is public health's return to a concern for environment that has made it possible for the discipline and profession to take on food *access* as a spatially understood component of health and well being. Hamm and Bellows' (2003) paper, "Community Food Security and Nutrition Educators" is generally regarded as a foundational document in CFS research; it is noteworthy for both clearly defining the term and outlining it principles, as well as providing recommendations for increasing CFS. Hamm and Bellows focus on making CFS relevant to nutrition educators, stating "nutrition education needs to be integrated into the CFS movement for the fundamental reason that optimal health, well-being, and sustainability are at the core of both nutrition education and CFS" (37). They encourage nutrition educators to think about how their expertise and authority in nutrition can be used for research, teaching, and outreach in the larger field of community food security.

One way to think about food as a link between planning and public health is to consider the relationship between food access and environmental justice. As mentioned above, EJ links health to place by highlighting the inequitable distribution of noxious land uses predominantly affecting poor and minority populations. There is also a strong link between environmental justice and food

justice premised on a slight widening of the definition of 'environment,' as well as a concern for what certain populations lacked (open space, public transportation, adequate housing) in addition to what they were overburdened by. Gottlieb and Fisher (1996: 193) make a strong case for linking environmental justice to community food security, noting that both movements have roots in the civil rights discourses of the 1960s and share "a common consideration of questions of daily life" (193).

Those working on food and hunger expanded their concern from the individual or household to food security at the scale of neighbourhood or community—the same scale of EJ concern. This broader framework for inner city hunger issues includes income, transportation, storage and cooking facilities, food prices, nutrition, culture, food safety, ownership, production, processing, and food quality. Food access issues have environmental justice undertones, and food systems issues are fundamentally environmental questions. Because both EJ and CFS see their concerns as part of larger campaigns of social justice and civil rights, they are "natural allies" in pursuit of their aims (Gottlieb and Fisher 1996a). This connection between environmental justice and community food security places food access on the agenda of both planners concerned with quality of life in cities, as well as public health nutritionists who look to the environmental contexts that shape healthy diets.

Another way to see how food access lives both in the worlds of urban planning and public health is to look at their journals and scholarly output. As mentioned above, in 2004 the *Journal of Planning Education and Research* published

a special issue dedicated to food planning with articles on CFS and food movements, new tools such as a the community food assessment, food planning education, and research on supermarkets and farm-to-school programs. In public health, the *Journal of Hunger and Environmental Nutrition* was established in 2006 to focus specifically on research about food access, agriculture, food production, and health. In both fields, articles about food access show up across their publications. In one recent report by the American Planning Association, "Planning for Food Access and Community-Based Food Systems: A National Scan and Evaluation of Local Comprehensive and Sustainability Plans," the alignment of urban planning and public health around food is clear:

> food access is not simply a health issue but also a community development and equity issue. For this reason, access to healthy, affordable, and culturally appropriate food is a key component not only in a healthy, sustainable local food system, but also in a healthy, sustainable community (Hodgson 2012: 6)

In 2010 the APA and the American Public Health Association (APHA) held a joint conference to discuss the ways they could coordinate their work addressing healthier food systems. One of the results of that meeting was a collectively written set of principles for a healthy, sustainable food system. These principles—a food system that is health-promoting, sustainable, resilient, diverse, fair, economically balanced, and transparent—are not especially groundbreaking, but the joint effort of the planning and public health professional organizations to meet and discuss a shared concern for the food system and to agree on what a working food system looks like does point to the way that food has brought the two fields together (Academy of Nutrition and Dietetics et al. 2010).

Last, the recent distress over America's "obesity epidemic" has provided a focal point for the linkage of planning and public health. Lopez (2012) writes that "it was this issue itself that probably did more to relink public health and urban planning than anything else" (164), due to the prevailing idea that a built environment that discourages physical activity has an impact on the weight of Americans. A concern for obesity shapes a great deal of food and health policy and planning and urban design have taken up the challenge to modify the built environment to address this growing concern, such as the pressure to make communities more walkable (see Mokdad et al. 2000, Wang and Beydoun 2007, White House Task Force on Childhood Obesity 2010, City of New York 2010, Guthman 2011, Dreifus 2012).

The way that food unites the concerns of the urban planning and public health professions is a jumping-off point for this dissertation. In the cases of food access expansion programming that follow, the effect of the built environment on health is a formative assumption. Further, the department of health's prerogative to engage with urban space is unchallenged, and the role of community-based organizations in promoting bodily health and neighbourhood vitality at the same time and through the same projects—such as farmers' markets—is an uncontroversial approach. Planning is a form of public health, and public health is a form of urban planning.

Chapter 3: Farmers' Markets and Bodegas as Food Access Interventions: Case Selection and Background

New York City's strategies for expanding food access into underserved neighbourhoods include attracting supermarkets to these parts of the city as well as non-supermarket-focused food retail interventions. Two of these non-supermarket "alternative" strategies are the subject of this research. The first is the Brownsville Youthmarket, a youth-run farm stand in Brooklyn. The second is Shop Healthy, a program to increase the availability of healthy food in the City's bodegas. These two programs are indicative of the way that New York City's food access interventions are a prime example of planning as public health and public health as planning.

Planning , Public Health, and New York City's Food Programs

The re-alignment of planning and public health over an understanding of the uneven spatial distribution of health inequities and the role of environmental factors in determining health is evident in New York City's current slate of food programs. A number of initiatives currently underway expand food access into underserved neighbourhoods, these are being taken on by both planning and public health departments, both separately and together.

In 2010, New York City released the Active Design Guidelines, issued by four city departments: Design and Construction (DDC), Health and Mental Hygiene (DOHMH), Transportation (DOT), and City Planning (DCP). The guidelines are meant for those designing buildings, streets, and neighbourhoods so that they may plan and build in order to increase physical activity and "contribute significantly

toward bringing about healthier lifestyles in our communities" (City of New York 2010: 4). The partnership specifically includes the public health and urban planning departments and the lead person from the DOHMH working on Active Design holds the title "Director of the Built Environment Program" and her purview also includes food access programs, such as the Food Retail Expansion to Support Health (Lee 2012).

In 2012, the New York City Obesity Task force was convened. This group includes representatives from the Mayor's Office—the Deputy Mayor for Health and Human Services, the Deputy Mayor for Operations, the Food Policy Coordinator, and the Director of the Office of Long Term Panning and Sustainability—as well as the commissioners from eleven city agencies: the Health and Hospitals Corporation, the Department of Parks and Recreation, the Department of City Planning, the Department of Design and construction, the Human Resources Administration, the Department of Health and Mental Hygiene, the Department of Building, the NYC Housing Authority, the Department of Transportation, the Department of Environmental Protection, and the Department of Education. Their report, "Reversing the Epidemic: The New York City Obesity Task Force Plan to Prevent and Control Obesity," points out that many of these agencies "had not previously had a programmatic focus on public health or obesity" though each was "engaged in activities that could improve the health of New Yorkers" in their own way (New York City Obesity Task Force 2012: 3). The Task Force had formed working groups to come up with recommendations in three key areas: Food Environment, Physical Activity/Physical Design, and City Practices. The focus on the food environment and

the physical design of the city point to the spatial and built environment concerns that form the core of urban planning. A task force set up to address a public health problem (to "recommend innovative aggressive solutions to address the obesity challenge in New York City") turns out to be an urban planning body.

Planning as public health is perhaps ideally illustrated by the structure of the FRESH program, which provides zoning and tax incentives for developers who build new supermarkets in specified high-need areas. It is a joint program of the Department of Health which set the standards for how much fresh produce a store must carry, the Department of City Planning which wrote the zoning text amendment, and the Economic Development Corporation which specified the available tax incentives. First, planning tools, such as mapping of existing supermarkets and developing a "supermarket need index" are mobilized to clarify the problem of insufficient supermarkets (New York City Department of City Planning, New York City Department of Health and Mental Hygiene, and New York City Economic Development Corporation 2008). Second, zoning and economic development tax incentives are used to achieve the public health aims of increased access to fresh fruits and vegetables. Though this supermarket attraction program is a new focus for New York City (it began in 2008), it is being implemented through mechanisms familiar to planning. The alternate fomulation—public health as planning—is best shown in the way that department of public health employees characterize their work. In their descriptions of the Shop Healthy, Green Carts, and farmers' market programs, public health practitioners consistently bring up the need to modify the built environment to make healthy choices, specifically around

food, possible. For them, public health's role is to improve the city in the name of health.

The Cases: Youthmarket and Shop Healthy

The two cases of this research—one a farm stand and the other a bodega intervention—represent two different strategies for improving the food access through methods other than attracting supermarkets. These programs originate from two different organizational regimes: Shop Healthy is run by the city Department of Health and Mental Hygiene and the Youthmarket is run by GrowNYC, a city-wide non-profit working to improve ecological sustainability. I selected these cases for several of reasons.

Broadly, I chose the alternative food access programs—rather than the supermarket expansion efforts—because I am primarily interested in investigating the attitudes and motivations of planners and program designers that are embedded in the attempts to improve inequitable food access. These sorts of food access programs bring planners and policymakers directly and consistently into contact with the neighbourhoods they wish to improve. This is in direct contrast to the FRESH program, where the ongoing implementation maintenance of the supermarket expansion is primarily bureaucratic.[19] The alternative strategies

[19] Further, the recruitment and construction of supermarkets takes place over a number of years, and the city agencies involved with FRESH interact exclusively with real estate developers and supermarket operators. As such, the current research on the FRESH program is generally concerned with evaluating whether the supermarket attraction scheme results in a healthier diet and improved health outcomes and relies on customer intercept surveys at one (completed) FRESH location (Elbel 2012).

include a great deal more contact between city and non-profit staff and the residents of the neighbourhoods targeted for food environment improvement, and this contact is essential for understanding how those charged with expanding food access view the relationship between communities and their food environment and between individual responsibility and neighbourhood food access.

Even though programs to expand food access proliferate in creative ways and new venues, the underlying assumption about food access remains the same. This assumption—that a healthful diet is directly tied to sufficient healthy food—is challenged by a small but growing body of literature that points to income as a much more salient factor in determining diet and health outcomes (Hersey et al. 2001; Seefeldt and Castelli 2009; Alkon et al. 2013; Zachary et al. 2013; Tirado Gilligan 2014; D. Wang, Leung, and Li 2014). As Wang, Leung, and Li (2014) succinctly state, "Better dietary quality was associated with higher socioeconomic status, and the gap widened with time" (p. E1). In this research I sought to explore *how* these food access programs were being implemented, *what assumptions* provided the premise for the work, and *what attitudes* were held towards low-income people of colour living in so-called food deserts. I explore these areas of concern in order to make recommendations for improvements to New York City's food access initiative, not just in terms of the structure of programs, but to the fundamental understandings of what food access programs can and should do.

In particular, the two programs I have chosen—the Shop Healthy initiative and the Brownsville Youthmarket—reveal motivational conflict on the part of program designers: a tension between the desire to improve the food environment

directly, on one hand, and the desire to educate certain populations and make individuals and communities responsible for that food environment, on the other. This conflict provides the core theoretical question of this dissertation: is healthy food access a question of environmental justice or biopolitical governance? Can it be both? What does the overlap of these competing frames reveal about the relationship between those at the top trying to improve the health and wellbeing of certain groups and the targets of the interventions? How do the understandings of food access held by program designers at the Department of Health, the Department of City Planning, and GrowNYC filter down to community-level leaders and people on the ground running the programs? Can people in charge accurately understand the needs of the marginalized and design solutions that are achievable, effective, and just?

Shop Healthy and the Brownsville Youthmarket together are excellent entry points for answering these questions. Shop Healthy is run by the New York City Department of Health and Mental Hygiene (DOHMH), and is the premier non-supermarket food retail strategy administered by that department. The DOHMH staff that work on Shop Healthy are also connected to other food access programs (including farmers' markets and Green Carts), and the attitudes that inform Shop Healthy also undergird other city initiatives. Youthmarket is run by GrowNYC, formerly the New York City Council on the Environment, an independent not-for-profit housed within the Mayor's office. It is a large organization with a wide reach and the way it frames and acts on food access has consequences for many New Yorkers. Further, GrowNYC's position outside the formal City structure means

different ideas and ways of working are possible. This dissertation focuses on these programs rather than covering every food access program in New York City because a deeper analysis of two cases through ethnographic methods was needed for a true understanding of what the programs actually look like when rolled out in neighbourhoods and how impacts differ from intent.

Further, these two programs are examples of two different approaches to improving food access in low income neighbourhoods that are not unique to New York City; both approaches have been implemented elsewhere. There is a substantial literature on the abilities of farmers' markets and bodega improvements to meet food access (and other) goals in low-income neighbourhoods. The next sections provide a description of each strategy in New York and a review of the policy literature in order to provide context for my research.

Farmers' Markets in Low Income Communities

One site for my research is the Brownsville Youthmarket, a youth-run farm stand that sells local produce directly to consumers in order to increase access to healthy food in a neighbourhood identified as in need of intervention by the Department of City Planning, the Department of Public Health, and other social service providers. Farmers' markets are often promoted by organizations and agencies involved in health promotion as a way to easily, quickly—and relatively

inexpensively—establish healthy food retail in areas that need it most (Gans 2011).[20]

New York City has a robust farmers' market system, with 141 farmers' markets across the City in 2014 (New York City Department of Health and Mental Hygiene 2014a). The biggest market operator is GrowNYC (known for the high-profile Union Square market) which runs a network of over 50 Greenmarkets.[21] In recent years, GrowNYC has begun using its markets to enhance food access by establishing Greenmarkets in more neighbourhoods, ensuring that all markets accept SNAP (the Supplemental Nutrition Access Program, colloquially known as food stamps), and adding the Youthmarket program to further extend the markets' reach (Kornfeld 2014). New York City also has 75 community-based farmers' markets run by 28 different operators (Gans 2011). These operators tend to be local neighbourhood organizations which often operate just one or two sites in order to meet the needs of local consumers.[22] Community-based markets serve a much more explicit food-access goal and are predominately present in minority-dominant and low-income areas where there are the fewest Greenmarkets. In the Bronx, for example, there were 30 farmers' markets in 2013—just 5 of these were full-scale Greenmarkets, 4 were Youthmarkets, and the remaining 21 were operated by

[20] These benefits are separate from the role farmers' markets play in bringing consumers closer to their food, driven by an interest in localism and sustainability. See Wegener and Hanning's (2010) discussion of farmers' markets in the context of "alternative food networks."

[21] Greenmarket is GrowNYC's proprietary name for their farmers' markets.

[22] The exception is Harvest Home, which operates 15 markets in Queens, Brooklyn, and Harlem.

community groups (New York City Department of Health and Mental Hygiene 2013a; GrowNYC 2012a).

With so much emphasis being put on farmers' markets as a solution to food access inequities, it is important to interrogate the claim that farmers' markets can meaningfully contribute to improved access to fresh fruit and vegetables. We must also ask what other benefits are ascribed to the establishment of farmers' markets in low income communities and question if these benefits actually being realized.

The literature on farmers' markets in low income communities falls into five categories: 1) food access, 2) neighbourhood sociability and vitality, 3) farmers' markets as sites of commercial exchange and economic development, 4) the role of farmers' markets in youth development projects, and 5) the disadvantages to emphasizing farmers' markets as solutions to the aforementioned issues. I will address each of these in turn.

Farmers' Markets as Sites of Food Access

Food access is a combination of the availability, affordability, and the appropriateness of food on offer. Availability generally means that groceries are available for sale in reasonable proximity to one's place of residence at convenient days and times. Yet the availability of fresh fruits and vegetables is meaningless if local residents are unable to afford it. Many scholars and advocates emphasize the promise of farmers' markets to provide low-cost food by accepting nutrition

incentive programs, like SNAP, WIC, and FMNP[23]—and incentive coupons like New York City's Health Bucks which provide an extra $2 to spend for every $5 of SNAP used at the market. These subsidies increase affordability and thus access. They also make it possible for markets to operate by making the markets profitable for vendors who may drop out if they are not making any money. Continued operation of the market ensures access for all residents, not just direct recipients of benefits (Young et al. 2011, Payne et al. 2013, Citizens' Committee for Children of New York 2013).

In 2010, all the Greenmarkets took in $505,000 in SNAP sales. In 2011 that figure was $638,000, and in 2012 it was $830,000. In 2013, Greenmarket reported that they expect to exceed $1 million in SNAP Sales (GrowNYC 2012b; GrowNYC 2013). These figures show that when it is possible for SNAP recipients to use their benefits at farmers' markets, they make use of this opportunity.

A different question of access concerns what brings low income people to shop at farmers' markets. One study found four distinct reasons: good prices (a majority of respondents said that the markets had better prices than nearby grocery stores), high quality products, convenience, and the high level of sociability at the markets. Conversely, those who did not shop at the markets cited the inability to complete all their grocery shopping there, as well as a lack of awareness about time and location of the markets (Project for Public Spaces and Columbia University Institue for Social and Economic Research and Policy 2012).

[23] WIC is the Special Supplemental Nutrition Program for Women Infants and Children; FMNP is the Farmers' Market Nutrition Program available to WIC participants and low-income seniors.

A third criteria of access concerns acceptability and appropriateness. This means that products available are of good quality (not molding, rotten, or wilted), and also that they are what residents want to eat, such as foods specific to the cultural groups in a community. The idea of acceptability can also extend to the shopping experience—a retail environment that customers are comfortable in and know how to navigate (Short, Guthman, and Raskin 2007). Guthman (2008) reminds us that some residents of low income neighbourhoods resist "alternative" food retail strategies and express their preferences for supermarkets, but some markets, such as the City Heights farmers' market in San Diego, appeal directly to their predominately immigrant customers who are familiar with shopping at open air markets. As for the produce on offer, the City Heights market has many refugee and immigrant vendors who reflect neighbourhood demographics and grow, prepare, and sell diverse cultural food (Golden 2008; Brown 2011).

Farmers' markets cannot meet these food access goals of availability, affordability, and appropriateness if they are not well-organized and well-run. Young et al. (2011) discuss three factors that contribute to market success. The first is a committed, community-based partner to provide deep knowledge of the neighbourhood and to take responsibility for promotion and outreach. The second is a physical environment conducive to a thriving farmers' market: a visible location; potential for gathering space; opportunities for signage; pedestrian traffic; good vehicle, transportation, bicycle, and pedestrian access, as well as parking; amenities such as shade, trees, benches, bike racks, water fountains, restrooms and trash cans; and a space that is safe. The third factor is an understanding of the retail

environment of the neighbourhood, primarily the price, quality, and availability of other food options. As with other authors, Young et. al. (2011) stress affordability. However, they specifically state that in low-income neighbourhoods, farmers' market prices need to be lower than those at nearby grocery stores.[24]

A system of markets that excels at meeting these criteria is Toronto's Good Food Markets run by the non-profit FoodShare. These markets bring healthy food into underserved neighbourhoods by selling food from local farms as well as food from Toronto's wholesale food distribution centre (FoodShare 2014). By purchasing from local farmers as well as the mainstream food system, FoodShare's markets provide a wide range of products at affordable prices. This dual sourcing means that the Good Food Markets sell the local and seasonal goods typically available at farmers' markets, the same items from further away when they are out-of-season or too expensive, as well tropical foods like bananas, mangos, and citrus that are necessary for the market's cultural appropriateness. This means the Good Food Markets can meet a significant proportion of consumers' grocery needs. Saul and Curtis (2013) describe the "bustling, festive gathering place" (p. 171) at the Good Food Market housed at The Stop Community Food Centre—a former food pantry, now a hub of community food participation—taking care to point out that this market is similar in feel to the higher-end, local-only, farmers' market in a nearby wealthy part of the city.

[24] I will return to these criteria when I discuss the Brownsville Youthmarket; they are helpful for understanding how it does *not* meet its aims.

Farmers' Markets as Sites of Sociability and Neighbourhood Vitality

Saul and Curtis's (2013) description of the Good Food Market as a gathering place in Toronto's Davenport West neighbourhood broadens the discussion of what farmers' markets can do for a neighbourhood. Beyond being simply sites of food access, farmers' markets act as places for sociability and neighbourhood vitality; spaces that signal that poor neighbourhoods are pleasant, safe, and have amenities like wealthier ones. By holding the farmers' market alongside the organization's food pantry, The Stop gives clients an opportunity to purchase food when they can; the farmers' market is associated with greater dignity and sociality (Levkoe and Wakefield 2011, Saul and Curtis 2013). Similarly, at a market in a low-income town with a large minority population north of Boston, market managers concentrated on improving the market site to "creat[e]a livelier and more inviting venue." They did this by setting up picnic tables, planting trees and flowers, repairing broken sidewalks, and convincing the local transit authority to fix up the nearest bus stop (Fried n.d.). This theme of farmers-market-based neighbourhood improvement is present in much advocacy work around farmers' markets: for example, the New York City-based nonprofit Just Food touts that community farmers' markets "inspire better health, pride, and a sense of neighborly unity while encouraging community development and empowerment" (quoted in Gans 2011, p 1).

Alison Hope Alkon's (2007) ethnographic work on the Mo' Better Foods farmers' market in Oakland, California shows how farmers' markets in low-income communities work as social spaces and social practice alongside their food access goals. In particular, she describes the way this market "brings together local food-

system advocacy, racial pride, and grassroots economic development" (p. 93); that is, the market's political and social position is deeply integrated into its food access work. Mo' Better Foods ties food provision to racial identity and economic justice through the provision of culturally specific food, as well as a celebration of Black History Month at the market. In her book *Black, White, and Green,* Alkon (2012) compares this market to the all-organic Berkeley Farmer's market, and analyzes the different social spaces the markets create. The Berkeley market's main concern is environmental sustainability; the prices are high and the clientele is mostly white. In Oakland, however, the market's main concern is combating racial inequities in access to healthy food, it serves mostly Black customers and exists to show that a poor, Black neighbourhood can be something greater than a place of poverty and disinvestment.

Farmers' Markets as Commercial Enterprises

Markets are not only sites of food access and sociability, they are also businesses: the transactions between shoppers and vendors where money or benefits are exchanged for food is what makes them markets. One typology of the financial structure of farmers' markets is proposed in a report by Project for Public Spaces and Columbia University Institue for Social and Economic Research and Policy (2012), which divides market into three categories: traditional markets (funded through vendor fees), mission-driven markets (funded through outside money, private and public), and social enterprise markets (a hybrid, funded through both vendor fees and outside funding). The authors of the report stress that,

regardless of the operating category, a chief concern of market managers needs to be the economic success of the vendors: they need to make money or there will be no market.

To stay economically viable, farmers' markets in low-income communities need to be attentive to the financial constraints of their customer base and accept benefit dollars of all forms in order to be accessible to residents. Supportive currencies—including SNAP, WIC, and FMNP—have a significant positive impact on a low-income family's ability to afford healthy food and contribute to the viability of local farmers' markets. In a review of farmers' experiences with these currencies at New York City farmers' markets, the Citizens' Committee for Children of New York (2013) found that all three programs were significant sources of income for farmers who sold at markets in NYC's high poverty neighbourhoods: 95% of farmers reported that accepting SNAP had had a positive impact on their sales and 90% reported a sales increase due to accepting FMNP checks.[25] One farmer reported that at a market he sold at in the Bronx, 70% of his sales came from FMNP and 25% came from SNAP.

Both the Citizens' Committee for Children (2013) and Young et al. (2011) point out that the amount of money that WIC and Senior FMNP recipients get is meager—$24 a season in New York and $20 in Pennsylvania in 2013—but note that FMNP nonetheless makes a significant impact on the *market's* ability to stay solvent.

[25] However, while SNAP and FMNP were regarded positively by farmers, the extensive regulations around the WIC F&V checks (these cannot be spent on all items, and the checks must be signed by customers who must show ID at the time of purchase) and the onerous process of registering to accept them made farmers' market vendors less likely to participate in the WIC F&V program.

Young et. al. (2011) write: "While the amount to individual consumers is too small, without the FMNP program many farmers' markets would not be sustainable" (p. 217).[26] This is backed up by the Citizens' Committee for Children of New York (2013) report, which reported that almost half of their farmer respondents answered "yes" to the question "can you think of any markets where you would stop selling if you could not collect the FMNP voucher?" In this way the economics of the market and the financial stability of the vendors are separated from that of consumers. The market is able to stay open because of the FMNP dollars spent there, but individual consumers may not return to the market once they have spent their $24.

Alkon (2012) reflects on the tension between markets as for-profit businesses and their social and environmental goals. She situates both the Berkeley and Oakland farmers' markets in histories of environmentalism and Black Power and points out that the markets are capitalist manifestation of these ideals. Where the all-organic Berkeley Farmers' Market allows well-off consumers to perform their environmental commitments through purchasing local and organic goods, the Oakland market advances a goal of Black capitalism—Black farmers selling to Black consumers. Alkon describes some discomfort with this type of activism, where consumers enact their social concerns through shopping rather than making demands on the state. She describes this as "a shifted responsibility for this change from citizens to consumers" (p 144).

Farmers' markets are a form of food retail intended to complement or

[26] As we shall see, this is confirmed at the Brownsville Youthmarket

compete with existing (or absent) mainstream food stores, so their business orientation seems obvious. However, the farmers' market in Oakland eventually folded, unable to support itself. This raises an important contradiction: farmers' markets cannot address food access or social goals if they do not stay open, but if their prices are high enough to stay afloat, they may be unaffordable and thus, unable to improve food access for the intended populations. In Alkon's (2012) example, the Oakland market was strategically located in the poorest part of Oakland where healthy food is most scarce, but shoppers did not come from the surrounding area. Rather, they were more well-off black Oaklanders who travelled from other parts of the city to support the market's goals. This group shopped at the market to signal their appreciation of the goals of the market, but they did not do the majority of their shopping there. Their participation was essentially symbolic, and could not support the market.

There is precedent, however, for farmers' markets that operate partially outside a capitalist logic. Toronto's Good Food Markets, mentioned above, are one example. These markets are all subsidized. Customers pay the costs of the food, but FoodShare staff, warehouse rent, and operational costs are paid through grants and donations. FoodShare also transports food from the Ontario Food Terminal in Toronto to indigenous communities on James Bay (in far north Ontario) where fresh food is scarce, with some of the transport costs paid by the federal government. FoodShare leaders understand that combating the systemic racism of inadequate food distribution cannot be solved through the market and call for even greater government intervention to subsidize food to combat hunger (Field 2014).

A separate issue related to farmers' markets as business entities concerns the vendors themselves, particularly the ability of local community members to sell at markets to make additional income. Morales and Kettles (2010) point to the vendors of *pupusas* and *tamales* at the Red Hook ball fields in Brooklyn, New York City's Greencarts (which sell only whole, unprocessed fruit and vegetables), and the historic image of Lower East Side pushcart markets to illuminate the wide range of food vending in the city. They write:

> Vending [has always been] an important occupation. It socialized new immigrants from rural areas and foreign lands, employed the temporarily unemployed, generated significant economic mobility, and for our purposes, provided food security in burgeoning urban areas (p. 28).

When local residents are able to sell at neighbourhood farmers' markets, they can benefit economically. This is the case at the community-run East New York Farms markets in Brooklyn where local community gardeners sell the food they have grown alongside upstate farmers who supplement what can be grown in the city (Tortorello 2012). Community members can also sell other items—such as crafts, jams, and prepared foods—while the market is open, making use of the environment of commerce. When this vending is possible, markets can address a lack of income alongside food security (Morales 2009).

Vending at a market creates opportunities for economic mobility and self determination, and Morales (2009) encourages planners to consider these as well as the neighbourhood benefits when making plans for development, siting, and transportation around new markets. To this end, the ability of farmers' markets to include community vendors can contribute to economic wellbeing of neighbourhood residents as well as community vibrancy and food access goals.

Youth and Farmers' Markets Programs

A fourth aspect of farmers' markets in low income communities is the role that they can play as a youth development and youth employment program. Research conducted by Project for Public Spaces and Columbia University Institute for Social and Economic Research and Policy (2012) found that youth involvement at farmers' markets was most effective when the goals went beyond food access and food education to include "leadership, personal development, and responsibility" (p. 12). Further, the success of youth programs hinged on the market as a social space where youth can interact with a large number of people in their communities. The report also notes that the benefits of youth participation spilled over to their families and communities, particularly when the youth brought home (presumably discounted or free) produce to their families and friends.

Returning again to East New York Farms, which has a longstanding youth internship model, Hung (2004) notes that through the integration of growing and selling youth gained confidence and saw their neighbourhood in a new, more positive light. The youth involved in the program felt good about having a job and earning money. In the low-income neighbourhood of East New York, this meant that these young people could contribute to their families' expenses.

Disadvantages

For all the promoted benefits of farmers' markets in low-income communities, the literature notes specific disadvantages. The primary concern is that farmers' markets do not meet residents' true food purchasing and consumption

needs. Treuhaft, Hamm, and Litjens (2009) found that in a survey of low-income residents of Detroit and Oakland, the majority placed "new grocery stores" at the top of their lists of food-related changes they would like to see in their neighbourhood, a finding echoed by Guthman (2008) in her research into alternative food projects. Though many of Treuhaft, Hamm, and Litjens' (2009) respondents were interested in farmers' markets, there was pronounced skepticism:

> In Oakland, residents' attitudes are mixed toward access to them: some think they are too far away and others recognize they have expanded and multiplied in recent years. In Detroit, some residents feel that the markets are too expensive or geared to high-income outsiders or the 'Whole Foods crowd."…. Several farmers' markets have located in Oakland's lower-income neighborhoods, but they tend to be small. (p. 12)

This concern about the markets being "small" is confirmed in a study conducted by Project for Public Spaces and Columbia University Institue for Social and Economic Research and Policy (2012). In a survey of people who did not shop at farmers' markets, respondents cited the inability to complete all their grocery shopping at the farmers' market as one of the main reasons for their non-participation.

The concern about the "Whole Foods Crowd" is expanded upon by Alkon and McCullen (2010) who note that farmers' markets generally "reflect an affluent, liberal habitus of whiteness" (p. 940) and that "this whiteness can inhibit the participation of people of colour in alternative food systems, and can constrain the ability of those food systems to meaningfully address inequality" (p. 938). Alkon and McCullen are not completely dismissive of farmers' markets, but they pay special attention to how some of the ideals of farmers' markets—environmentalism above

affordability, support for (predominantly white) organic farmers—are not shared amongst all racial and ethnic groups. The authors support an initiative called Farm Fresh Choice that "hires low-income youth of color to sell farmers' market produce…in their own neighborhoods" (p. 952). This program is run by people of colour which, for Alkon and McCullen, is essential to an anti-racist food politics.

Though the racialized dynamics of farmers' markets—and "alternative" food retail more generally—are hugely important matters of concern, ultimately, it is the inability of farmers' markets to contribute to consistent food availability that make them not-quite-ideal tools for addressing food access. By necessity, farmers' markets have fluctuations in both the price and products for sale as what is available changes over the course of a season; they are open only some days of the week and only during certain select hours; most close after the harvest season ends; and they are susceptible to closing down for good (Wolf, Spittler, and Ahern 2005; Alkon 2007; Dimitri et al. 2014). All of this prevents farmers' markets from achieving food access, neighbourhood vitality, economic development, and youth leadership goals in high-poverty urban areas.

This review of the literature on farmers' markets in low-income communities reveals a variety of benefits ascribed to such markets. Farmer's markets are promoted as strategies for improved food access, sites of neighbourhood vitality and sociality, economic engines, and youth development projects. However, some scholars express hesitation that farmers' markets will be able to achieve all of this: they may not meet residents' actual food purchasing needs; they can communicate exclusivity and be coded as white, affluent spaces; and the fluctuations in availability

of products over the course of a season and the shutting-down of most markets over the winter months mean that they cannot provide a reliable and permanent food retail space, to say nothing of the sometimes-shaky financial footing of markets in poor neighbourhoods that make them susceptible to permanent closure.

Healthy Corner Stores/Bodegas

The second case study is that of New York City's Shop Healthy Program, an initiative to improve the availability of healthy food—primarily fresh fruit and vegetables, low sodium canned goods, fruit canned in water rather than syrup, low fat milk, and whole grain bread—in the city's bodegas. This type of program is an example of a "healthy corner store" initiative, a category of food access program that has become prevalent in cities across the United States.[27]

This section discusses the rationales for healthy corner store interventions, describes the forms they take, and discusses the outcomes and impacts of this program. The literature on Healthy Corner Store (HCS) programs is small, and a significant portion of it covers work done in Baltimore by Joel Gittelsohn. Further, the literature is heavily weighted towards evaluating these programs; it only minimally touches on theoretical and ethical implications.

[27] In 2004, the Healthy Corner Stores Network was established for those doing this type of work to share information and resources. As of 2013, the network has nearly 600 members, predominately municipal public health departments, community development corporations, consulting groups, and non-profit organizations (Public Health Law and Policy 2009; ChangeLab Solutions 2013).

Prevalence of Small/Corner Stores

Much like the rationale for establishing farmers' markets in low-income communities, the impetus for Healthy Corner Store programs is the dearth of supermarkets and healthy food options in these neighbourhoods. In the policy literature written by HCS advocates, this is framed as a nation-wide problem where low-income families must rely on corner stores for food shopping. Corner stores predominately sell pre-packaged foods and offer few healthy options such as fresh produce, whole-grain bread, and low-fat dairy and have higher prices than supermarkets (Public Health Law and Policy 2009; ChangeLab Solutions 2013).

These findings are borne out in studies from particular cities. In New Orleans, Bodor et al. (2010) found that corner stores are common and easily accessible in low-income neighbourhoods, while 60% of their survey respondents lived more than 3 miles from a supermarket. In New York, researchers note that in some neighbourhoods corner stores can make up to 80% of food retail outlets (Dannefer et al. 2012). In studies from. National numbers estimate that 23.5 million Americans live in low-income neighbourhoods more than a mile from a supermarket are used. (Gittelsohn et al. 2009; 2010; Song et al. 2009; 2011; Cavanaugh et al. 2013; 2014). In all these cases the connection is drawn between a food environment that lacks healthy food and negative health outcomes.

Another, quite different, concern is raised in a report about the HCS "movement". Here a grander claim about neighbourhood quality of life claim and corner stores is made:

> To make matters worse, corner stores' emphasis on alcohol and tobacco often makes them magnets for litter, loitering, drug dealing, and prostitution.

> Improving the product selection at corner stores is one way to address a host of concerns facing urban and rural communities (Public Health Law and Policy 2009, p. 4).

This set of concerns is not common to other HCS literature which tends to focus on the issues of food access and health.

Rationale For Intervention

The ubiquity of corner stores and the frequency with which they are visited, combined with national statistics on nutrition and obesity, is the motivation for intervening to change the store environment. There are approximately 11,000 bodegas in New York City (Bortolot 2013) and Dannefer et al. (2012) note that NYC bodegas receive an average of 703 visits a day over a 12 hour span. Song et al. (2009) offer that "corner stores have a unique potential to improve the nutrition environment due to their high prevalence in low-income urban settings" (p. 2). There are documented examples of small stores in poor neighbourhoods carrying a full line of groceries in a small space (Short, Guthman, and Raskin 2007) and one study of corner stores in Hartford, CT found a positive association between availability of fruits and vegetables and the probability that customers would purchase that produce (Martin et al. 2012). Thus, the potential to use the existing infrastructure of small stores is attractive to policy researchers and food access professionals.

To explain the rationale for a corner-store based intervention in New Orleans, Bodor et al. (2010) discuss the difficulty in bringing supermarkets to underserved neighbourhoods:

> Supermarket development is complex, and given U.S. land-use patterns and the market area required to support a large store, a supermarket cannot be located in every neighborhood. Because small food stores are already prevalent in most urban areas, an alternative approach may be to implement interventions that alter the mix of foods available in these existing neighborhood small stores in such a way as to increase local residents' access to nutritious foods (p. 1185-6).

The point of HCS initiatives, then, is to make use of already-existing retail in low-income neighbourhoods and change the product mix to improve the food environment.

What Healthy Corner Store programs look like

There is no universal definition of a Healthy Corner Store program, but the Public Health Law and Policy report (2009) explains that all HCS initiatives "work[] with small business owners to make healthier choices easily available in underserved communities" (p. 5). These initiatives range from making infrastructural changes in stores (such as adding refrigeration), intervening in distribution networks to get new products into stores (like locally-grown produce), improving the nutritional quality of items already offered (adding low-fat rather than only selling whole milk), rearranging store layouts to make healthy items more visible (like moving refrigerated water to eye level), or implementing marketing campaigns that promote healthy choices (Bodor et al. 2010; Song et al. 2011; Gittelsohn, Rowan, and Gadhoke 2012; Dannefer et al. 2012).

Many interventions take store owners as their focus, asking them to make these changes. Sometimes, programs include in-store training for shop owners. One initiative in Baltimore provided store owners with cultural guidelines to "help

storeowners build better relationships with AA [African-American] customers and minimize conflicts" (Song et al. 2011, p. 474). Philadelphia's HCS program includes a second phase for willing owners, a higher-intensity intervention that includes grants for shelving, refrigeration, inventory expansion, and further business training. In many cases, stores are offered some sort of incentive for participating, be it cash, vouchers to purchase stock from certain distributors, or items such as posters or product display stands (Bodor et al. 2010, Song et al. 2011, Cavanaugh et al. 2014).

Other interventions are targeted towards encouraging customers to purchase the healthy offerings. These include posters, shelf-labels, strategic product display, and cooking demonstrations or healthy food taste tests. Some of these activities are coupled with giveaways of items like water bottles or tote bags or incentive cards and coupons (Song et al. 2011, Dannefer et al. 2012).

The distinction between interventions that target store owners and those aimed at customers is repeated in some of the HCS initiatives' printed material. New York City has published two guides to improving corner stores. One is for community members, encouraging them to put pressure on store owners to carry healthier items. The second is for public health advocates in other cities; it is intended to help them design their own healthy corner store programs (New York City Department of Health and Mental Hygiene and NYC Center for Economic Opportunity 2013a; 2013b). The Philadelphia HCS publication, the "Sell Healthy! Guide," is targeted exclusively to store owners, suggesting ways they can improve their store's offerings (The Food Trust n.d.).

How effective are these Interventions?

Most of the evaluations of corner store interventions report improvements in the availability of healthy food. Stores that participated increased the availability of promoted healthy food, even after the program ended. Further, consumer knowledge of food-related health improved and consumers increased their purchase of the promoted foods. Thus, the authors of these studies conclude that small store interventions resulted in increased availability of healthy food and the consumption of those foods (Gittelsohn, Rowan, and Gadhoke 2012; Bodor et al. 2010; Song et al. 2011; Dannefer et al. 2012; Cavanaugh et al. 2014). Cavanaugh et al. (2014) cautiously note, however, that the changes might not be significant enough to have an impact on customer purchasing and consumption habits. And while one study shows that sales of promoted healthy items increased (Song et al. 2009), another showed only a minimal change in the purchase of healthy items (Dannefer et al. 2012). None of the studies attempted to evaluate if overall eating or diet patterns of neighbourhood residents improved.

Challenges and Complications

All the scholars and evaluators of Healthy Corner Store improvement programs discuss the difficulties of this sort of intervention. Across the programs, a consistent theme is the hesitancy expressed by store owners, over both limited space for new products and a fear of losing money by selling unpopular goods (Public Health Law and Policy 2009; Bodor et al. 2010; Song et al. 2011; Dannferer et al. 2012).

Song et al. (2009) discuss how the feasibility of these programs depends on their "cultural and economic acceptability for customers and willingness to accept intervention strategies by storeowners" (p. 2). They delve into this issue further in a follow-up article (Song et al. 2011) in which they focus specifically on how store owners—all Korean-American—responded to the interventions. This research found that that store owners agreed to participate primarily because "the store recruitment was led by the author who had the same cultural and ethnic background as they did" (p. 475). The secondary reasons included possible positive impact of the program for their customers and their stores and the financial incentives for participation. A particularly salient finding is that no store owners accepted all the suggestions offered by the intervention. They were skeptical of guidelines for their business written by people who were not in the store all day; instructions like not watching customers as they shopped made store owners laugh because shoplifting is a big concern.

Song et al. (2011) also found that increasing the intensity of support that store owners received from the program designers increased their receptiveness. Building these relationships was instrumental to program success. Dannefer et al (2012) also discuss the positive outcomes from building relationships with store owners, but remark that the critical outreach work of visiting the stores multiple times is labour-intensive and likely unsustainable for the long term. Their solution is to build stronger links between stores and community organizations to outsource relationship building.

Understanding the Bodega Business

The biggest concern with regards to Healthy Corner Store interventions is the gap between the desire to use the existing infrastructure of bodegas and corner stores to improve the food environment and the reality of the corner-store business model. One of the two most frequently cited objections from store owners is the potential decline in profitability from stocking foods that they are not certain will sell, an issue not helped by the fact that healthy items are perishable (and may spoil before they are sold) and take up quite a bit of space. Bodor et al. (2010) analyzed the financial data from one small store in a low-income neighbourhood of New Orleans and found that alcohol and cigarettes comprised 51% of the store's profits, drinks were 10%, snacks 4% and fruit and vegetables 3%. Because of corner stores' limited shelf space, increasing space for fresh fruit and vegetables necessarily requires less space for other things, and, as the authors write "it is unclear what [that change] would mean for store profits" (1187).

This concern is evident in the literature that comes out of the Healthy Corner Stores Network, the organization of advocates involved in this work. One report concluded that "advocates need a more sophisticated understanding of the corner store business model to effectively target their interventions, which to date have not typically made business planning a core part of their strategy" (Public Health Law and Policy 2009, p 12). One of the priorities for the Healthy Corner Stores Network, then, is developing training to equip healthy food advocates with the tools to assist stores with business plans. The 2013 follow-up report implies that this has not yet been accomplished:

> There is a need to examine the business case for selling healthy foods, for example, by conducting case studies of comparable stores selling healthy food. To date we don't know which items are most profitable for small stores, how healthy items compare in profitability to other items for sale, and how personnel and refrigeration costs may shift the balance. Store owners need this kind of data in order to understand the strengths and limitations of adopting a healthy store model and to develop business plans. (ChangeLab Solutions 2013, p. 10)

Many suggestions about how to address the profitability questions include grants and loans for store improvements (Bodor et al. 2010; Cavanaugh et al. 2014). ChangeLab Solutions (2013) suggests that foundations and nonprofits ought to offer cash awards and microloans because bodegas find it hard to get credit through traditional banks. This raises important questions about whether it will ever be profitable for corner stores to sell healthy food.

Further suggestions include imposing incentives or regulations that would change the balance of products offered such as requiring that stores carry a certain amount fresh fruit and vegetables if they sell tobacco or liquor or are located in a target neighbourhood (Public Health Law and Policy 2009). Cavanaugh et al. (2014) raises the possibility of explicitly focusing on lower prices for consumers as a way to drive up demand, but all of these require financial investments that must come from somewhere, and these avenues are not specified.

Understanding Shopping Patterns

A second, related issue is a lack of understanding of the shopping patterns of low income people, and how to translate food environment changes into actual health outcomes. For instance, Dannefer et al (2012) note that while it is possible to improve the inventory of healthy foods in corner stores, "changing customer

purchases is more difficult" (p. 30). The authors of "Healthy Corner Stores: The State of the Movement" (Public Health Law and Policy 2009) conducted a survey in the Tenderloin, a low income neighbourhood in San Francisco, and found that people were hesitant to shop at corner stores because of high prices, limited selection, and an unsafe shopping environment (Public Health Law and Policy 2009). The introduction of safety as a concern is just one factor influencing shopping decisions that is not a part of Healthy Corner Store interventions; it points to the possibility of many more unknown factors. The authors conclude that there is a need for a deeper understanding of low-income resident's shopping behaviour: "increasing the supply of produce needs to be coupled with strategies that address price, quality, and perceptions of safety" (p. 13).

The 2013 report from the Healthy Corner Store Symposium—a meeting of those engaged in HCS programs organized by the groups that convened the Healthy Corner Store Network—raises additional issues that advocates ought to consider, including the distribution systems that bring food to the stores. Small stores have limited storage and low sales volume and cannot get the discounted wholesale prices that supermarkets can. The distributors that vend to small stores have higher prices and lower quality products. Many store owners shop at wholesale cash-and-carry businesses like Costco or Jetro. One opportunity identified is to "invite distributors and wholesalers to the table as partners in addressing healthy food access" and make arrangements to lower minimum orders for small stores (ChangeLab Solutions 2013 p. 11). The report also suggests initiating shared purchasing arrangements amongst small stores, small store-supermarket

partnerships, or partnerships with local institutions like schools or churches. Cavanaugh et al. (2014) describe a burgeoning partnership with Jetro as part of the Philadelphia Healthy Corner Store initiative: Jetro participated by labeling foods that met the program's standards, placing them near each other in their stores, lowering prices on some items, and making produce available in small quantities appropriate to small stores.

The Healthy Corner Store Symposium report touches on further issues for study and action: understanding how store layout and food marketing can affect healthy product sales; learning more about the incentives stores get from the food industry to promote certain goods; gaining further knowledge of the complex regulatory environment of urban food retail; collaboration with other public health issue areas related to corner stores such as tobacco and alcohol; and enhancing store owner abilities in managing fresh produce, ordering, negotiating with suppliers, inventory management, dealing with refrigeration equipment, customer service, and marketing.

This review of HCS evaluations and policy reports reveals common themes and strategies in programs to improve food access through corner stores. The dearth of supermarkets in low-income neighbourhoods makes utilizing the ubiquitous corner stores as sites of fresh food retail attractive to public health practitioners. HCS programs include asking store owners to make changes in their stores: to stock more healthy food, rearrange stores to make those items more visible, and promote the changes, sometimes accompanied by in-store trainings.

Other interventions focus on encouraging customers to purchase the healthy items with advertising, cooking demonstrations, and incentive coupons.

Though most evaluations claim that HCS programs are successful at increasing the availability of certain healthy foods, none can make claims about increased purchase and consumption of a healthy diet amongst neighbourhood residents. The policy reports about HCS initiatives point to significant reasons for concern about this model: store owners are risk-averse and hesitant to make potentially unprofitable changes, program designers know very little about the business of running a corner store, and further, they also know very little about the shopping patterns of low-income consumers. Ideas for future HCS work include paying more attention to distribution systems and the regulatory environments of urban food retail.

Conclusion: Farmers' Markets and Bodega Interventions

This review of the literature on healthy corner store programs and farmers' markets in low income neighbourhoods reveals a body of work that addresses the feasibility and effectiveness of improving food offerings; the farmers' market work is additionally concerned with non-food benefits such as economic development and the creation of lively neighbourhood gathering places.

The farmers' market studies speak to expanding food access. They find that markets are able to improve access to fresh fruit and vegetables, especially when efforts are made to ensure that food assistance programs such as SNAP, WIC, and double-up type coupons, can be used. This literature also find that a welcoming

atmosphere, culturally desirable products, and low prices make these markets successful in drawing low-income people to shop, that they increase sociability and neighbourhood vitality, and that they can serve as engines of economic development for neighbourhood residents and vendors.

Scholars of farmers' markets as food access strategies do not shy away from discussing the disadvantages. They note that residents of underserved neighbourhoods often express preference for supermarkets, point out that farmers' markets prices and product availability fluctuate, and understand the ways farmers' markets are coded as white spaces for affluent shoppers. Still this literature lacks a discussion about the relationships between the organizations that promote farmers' markets as tools of food access and the communities targeted by this intervention. Further, the writing on farmers' markets does not look at larger context of health promotion, obesity prevention, and the neoliberal focus on individual responsibility.

Most of the corner store studies are evaluations that find modest improvements in healthy food availability as a result of healthy corner store projects, and the policy literature proposes further ways to improve these programs by being more attentive to the business of running a small store, store owner needs, and shopping patterns in low-income neighbourhoods. Missing from this literature is analysis of what these interventions imply about the relationship between program designers—public health employees, non-profit organizations, and academics—and the vendors and shoppers in low income neighbourhoods. Like the farmers' market literature, this body of scholarship does not situate HCS work in the larger context of health promotion, obesity prevention, active design, and the

constant and current push to police the health of poor bodies. The scholars who have taken HCS programs as their object of study do the work a disservice by failing to interrogate the way HCS programs reinforce unproven assumptions about the relationship between health and poverty.

The case studies that form the core of this research—the Brownsville Youthmarket in Chapter Five and New York City's Shop Healthy program in Chapter Six—expand on this literature, and provide an analysis of farmers' markets in low income neighbourhoods and healthy corner store programs as strategies that that take both an Environmental Justice approach to improving food access, and a biopolitical project that enrolls people to take individual responsibility for the negative health outcomes that affect poor people of colour across urban America.

Chapter 4: Methodology

I selected my cases—the Shop Healthy initiative and the Brownsville Youthmarket—because they are key to exploring the motivational conflict on the part of program designers, specifically the tension between the desire to improve the food environment directly and the desire to educate certain populations and make individuals and communities responsible for that food environment. This conflict provides the theoretical question of this dissertation: is healthy food access a question of environmental justice or biopolitical governance? Can it be both? What does the overlap of these competing frames reveal about the relationship between those at the top trying to improve the health and well-being of certain groups and the targets of the interventions? To what extent can people in charge accurately understand the needs of the marginalized and design solutions that are achievable, effective, and just?

To answer these questions, I set out to explore *what* work is being done to expand access to fresh fruits and vegetables into New York City's underserved neighbourhoods, as well as *why* it was being done and *what these programs reveal* about how decision-makers understand the problems of food access. I investigated the city's food access programs—both municipal and nongovernmental—to reveal underlying attitudes and assumptions about the relationship between environmental change and personal responsibility in the conjoined realms of public health and urban planning, and to document and interpret some of the lived experience of those who are the targets of these programs.

In this chapter, I broadly describe my methodological approach—that of case research—followed by greater detail of my research strategy for each of my particular cases as well as my interaction with other sites of food access activity. I then discuss the idea of reflexivity in research, especially as a clear outsider in a minority community, and end by discussing how I approached the writing of the cases.

The Case Research Approach

To study how food access programs are implemented in neighbourhoods and communities I selected a case study approach to collecting data and opted to look at two different programs with similar goals. Both the Youthmarket and Shop Healthy aim to improve food environments and increase access to fresh fruit and vegetables in targeted neighbourhoods, specially, both programs are implemented in Brownsville. Youthmarket makes produce available for sale at youth-run farms stands and Shop Healthy encourages bodega owners to stock healthier items. Youthmarket is run by a citywide not-for profit organization, and Shop Healthy is run by a city agency.

By looking at two programs in parallel in the same neighbourhood I am able to see how underlying ideas of food environments, barriers to access, and nutrition education are present across different food access projects. Looking at two programs also serves to locate the place of these initiatives within the larger systems of planning and health, and the differences and similarities of the two programs provide an understanding of how food access work is conceptualized

across institutions and across programmatic lines. As mentioned in chapter 3, I look at two specific programs rather than the whole of food access work in New York City in order to get closer to the motivations and strategies of the work. Case research makes this orientation possible.

As suggested by Verschuren (2003) I use the phrase "case research" rather than "case study" to describe my research design. He offers this distinction to stress that case-based research is an approach, not a sample size. Case research is holistic, it moves between ideas to understand their connections, and it draws on a few strategic cases observed in their natural context in an open-ended way. Case research is aimed at description and explanation of complex and entangled group attributes, patterns, structures, and processes. That is to say, it is "open-ended research" (p. 31) that mobilizes multiple methods at once—here combining participant observation with interviews to get at both behaviour and motivation. Case research is intensive social science, in which research is allowed to be exploratory and process-focused (Sayer 1992). Case research is the "most promising strategy" for studying a system, the relations that comprise it, and its underlying structure (Weiss 1966. p. 202).

The case research method is best suited to my theoretical inquiry because the aim of this research is to understand the competing frames of environmental justice and biopower in food access programs, how food access programs take shape in communities, and how neighbourhood residents accept the interventions from city-level actors. To answer these questions, I needed an inductive and open-ended research approach that would allow me to see how the actors involved—city and

GrowNYC employees and Brownsville residents—made meaning (Bruner 1997) out of the programs they designed, implemented, or interacted with.

Burawoy (1998) elaborates on what he terms the "extended case" method in which the researcher works outward from the case to the surrounding social and institutional structures. This project has two food access programs at its centre; by following them outward, looking at actors, funding sources, state- and nation-wide nutrition programs, and discourses around food and health, this research describes a larger picture of contemporary understandings of food, culture, poverty, race, expertise, food environments, and anxieties around health disparities in New York City. This extension was important for answering my theoretical questions because it allowed me to situate the particularities of the Youthmarket and Shop Healthy programs within a wider context of health promotion, food practices, and the interactions between program designers and the communities the seek to aid.

Case research is particularly applicable to research on urban poverty, immigration, and social inequality. As Small (2009) tells us, "the field requires ethnographic and in-depth interview-based case studies, and it requires some answer about the empirical relationship between such case studies and other sites not observed" (p. 19). However, case research is not intended to be "representative" or "generalizable," rather, the researcher ought "to conceive and design the work from a different perspective and language of inquiry" (p. 18). Small (2009) stresses the ability of the extended case method to "uncover processes" through "logical inference" (p. 22), a technique offered by Clyde Mitchell who explains it as "the process by which the analyst draws conclusions about the essential linkage between

two or more characteristics in terms of some explanatory schema" (quoted in Small 2009 p. 22). In this research, I use logical inference to understand the relationship between city and non-profit food access programs, institutional understandings of the neighbourhood context, and community members experiences with the local food environment and the food access initiatives.

Small (2009) also points out that qualitative case-based research can offer "ontological statements, those regarding the discovery of something previously unknown to exist. That is, a well-executed single-case study can justifiably state that a particular process, phenomenon, mechanism, tendency, type, relationship, dynamic, or practice exists. This, in fact, remains one of the advantages of ethnographic work, the possibility of truly emergent knowledge" (p. 24). This is what I aimed to achieve with this research: the ability to say something true about how these food access programs in New York work: how they operate, how they are received by target populations, and how they reflect the relationships between poor people of colour in neighbourhoods marked for intervention and the city-level actors who wish improve both food environments and the lives of these subjects.

Research Techniques

Participant Observation

My primary research technique at the Brownsville Youthmarket, and at the Shop Healthy workshops was participatory ethnographic research. Emerson, Fretz, and Shaw (2011, p. 2) write that "ethnographic immersion precludes conducting field research as a detached, passive observer; the field researcher can only get close

to the lives of those studied by actively participating." The ethnographer cannot be the proverbial fly-on-the-wall, simply observing; to understand relationships and meaning-making, the researcher must interact and engage. Inevitably, this sort of research will be selective. One cannot see and hear everything and engage in all activities. As such, an ethnographic study cannot determine the total truth; rather it reveals multiple truths that are apparent in the lives and interactions studied. Jorgensen (1989) makes clear that participant observation is nonlinear and practitioners have to use multiple skills, make judgments, and be creative. To put it slightly differently, participant observation *allows* a researcher to use multiple skills, make judgments, and be creative in learning what is happening with real people in real places. Participant observation "is the only [method] that gets close to people. In addition, it allows researchers to observe what people do, while all the other empirical methods are limited to reporting what people say about what they do" (Gans 1999: 540). To this end, at the Youthmarket and at the Shop Healthy workshops, I positioned myself as an outsider interested in what was happening in these communities. I talked with workshop participants, market shoppers, and Youthmarket staff as I would have if I was an ordinary workshop attendee or market employee. I observed behaviour and interactions. I asked questions. I took photographs.

This type of community-based participatory research is growing in value in health-related research (Corburn 2005; Minkler 2005; Wallerstein and Duran 2010). This is because it both values the contributions of community members to the knowledge production process and builds trust between researchers and those

whose communities are under study. Being embedded in a community and fostering relationships with those you are studying has the potential to empower the people being studied, because paying attention to underserved communities assures them they have value (Creswell 2007; Li 2008). Given that the interventions this research investigates are designed top-down and the degree to which they responded to community-member's actual food needs was uncertain, this type of research is critical.

Though participant observation was my main research technique, I employed it in different ways at the Youthmarket and at Shop Healthy. At the Brownsville Youthmarket, I conducted immersive ethnographic research by working at the market every Friday and Saturday for an entire 6-month market season in the summer and fall of 2013. For Shop Healthy, I observed 2 Adopt-a-Shop community-training workshops in Brooklyn in November and December of 2012, and visited over 10 enrolled stores

Interviews and Document Review

Interviews were also a key piece of this research, as not all of my questions could be answered through ethnographic observation. To understand the process of how employees at the Department of Health and GrowNYC developed the food access strategies, integrate the perspectives of many contributing actors, and investigate how these programs are interpreted by both designers and community members, interviews were the most appropriate research strategy (Weiss 1995).

Holstein and Gubrium (1995) allow that interviews are "interactional events" in which narratives are "constructed in situ, a product of the talk between interview participants" (p. 3). That is, they are not simply mechanisms for extracting information from respondents. Instead, these authors frame interviewing as situations where participants are actively involved in meaning-making work, and where the subject is constructed in the process of interviewing. With this in mind, I interviewed people with different positions in the programs: program designers, such as employees of GrowNYC and the Department of Health who worked from their offices far from the neighbourhoods their programs served and District Public Health Office employees whose offices are situated in local communities; program implementers such as community-group leaders working directly in their neighbourhood and the Brownsville program coordinator for GrowNYC who spent more time in Brownsville than in the GrowNYC offices; and the neighbourhood residents tasked with carrying out the work, such as Adopt-a-Shop attendees and Youthmarket staff. This allowed for diverse perspectives as it included the voices of those who design programs from afar and those who make them work on the ground. I conducted a total of 21 interviews: 5 interviews with past and present employees of GrowNYC, 3 Youthmarket staff, the director of a NYCHA seniors' centre in Brownsville where the Youthmarket staff conducted nutrition workshops, 8 Shop Healthy program staff and 5 community members who had taken on Adopt-a-Shop projects.

I approached my interviews as opportunities to have people explain to me how programs were designed, how they worked, and what they hoped to achieve. I

presented myself to program designers and implementers as broadly interested in the field of food access but not particularly knowledgeable about their specific program and allowed people to describe aspects of their work that I was quite familiar with. This strategy allowed me to use the interviews to understand how people talked about and understood their programs and what ideas of food and diet related health underpinned their food access strategies. In my interviews with community members working with the Department of Health or involved in the Youthmarket, a different strategy was appropriate. With these interviews I encouraged people to share their experiences with programs designed to help them, asserted my distance from the DOH and GrowNYC, and let respondents speak freely about their frustrations as well as successes.

In all cases I prepared a list of questions that were standard across all interviewees in a certain category (program designers and implementers, community-level shop-adopters, Youthmarket staff)(see Appendix), but allowed the conversation to go off-script as my respondents spoke. Interviews were generally about 1 hour long and held in private, professional settings (the offices of City agencies, non-profits, or community organizations, and teachers' classrooms after the school day was over). I recorded all interviews and later transcribed them.

Finally, I reviewed relevant documents related to the Shop Healthy, Youthmarket, GrowNYC, the Department of Public Health and the Brooklyn District Public Health Office, and the Brownsville Partnership. I read these documents for specific facts about how the programs, organizations, and agencies operated and

also for language that communicated the goals and ideas embedded in the food access work being done.

Brownsville Youthmarket Research Strategy

The primary research methodology I used to study the Brownsville Youthmarket was immersive ethnography (Duneier 1999). From June through November 2013—the entire market season—I worked at the Youthmarket 2 days a week. I wore a GrowNYC/"Steps to a Healthier Brownsville" t-shirt, set up the market, stood behind the tables and sold vegetables, participated in cooking demonstrations, chatted with customers, did final sales tallies, and packed up the market. I also attended the initial training, run by Cornell Cooperative Extension, alongside the youth. As the Brownsville Youthmarket is connected to GrowNYC's Wholesale Greenmarket healthy retail program, I occasionally accompanied the Brownsville Program Coordinator as she took orders and made deliveries to the Brownsville bodegas and supermarkets that participated in the program. I also took frequent walks around Brownsville to get a picture of the neighbourhood's food retail environment. I visited all the neighbourhood's supermarkets and many of its small stores, both alone and on tours with some of the people involved in the Brownsville Partnership and the Youthmarket. I mapped the supermarkets to visualized their distribution and proximity to other neighbourhood features. On some occasions, I visited other Youthmarkets and farmers' markets in low-income neighbourhoods for general comparisons. Each night, after returning home from the market, I wrote extensive fieldnotes, describing what we had for sale, the prices,

interactions with customers, discussions between the youth, and activities in the neighbourhood.

In addition to working at the market, I conducted a number of interviews of organizers and participants in the Brownsville Youthmarket program. This included five people at GrowNYC: the director of Policy and Planning, the Youthmarket coordinator, the EBT coordinator, a market manager who had worked at the very first Youthmarket when he was a teen, and multiple interviews with the Brownsville Program coordinator. Further, I interviewed employees of the Brownsville Partnership, including their health programs coordinator, the community planning partner responsible for Youthmarket and healthy bodega outreach, and two of the youth working at the market (these were two of the three youth over 18; the third declined to be interviewed).

A third strain of research included extensive document review. I looked at grant reports written by GrowNYC and the Brownsville Partnership, internal program documents including the Youthmarket curriculum, GrowNYC reports, and articles and other media concerning food and health and poverty in Brownsville. As well, during the course of this research, I wrote a much-needed history of the Greenmarket program (of which Youthmarket is a part), which was published in the *Journal of Urban History* (Kornfeld 2014).

As I was working at the market, the Brownsville Program Coordinator asked me if I would help her organize a specific aspect of the program: youth-led nutrition education workshops in NYCHA seniors centre. The Brownsville Partnership was hiring the youth for more hours than just the market so that they could do outreach

activities to promote the market and the Brownsville Partnership's healthy neighbourhood programming; nutrition education for the NYCHA seniors was one of these activities. For this program, I created lesson and activity plans for the youth to run, briefed them on the plan, and then watched as the youth ran the programs. I used previously written lesson plans (given to me by the Brownsville Program Coordinator) as the basis for four lessons for the youth to facilitate at the Langston Hughes Houses senior centre, and the HBO documentary *The Weight of the Nation* (Chaykin 2012) as the basis for a 2-part a film-and-discussion series at the Brownsville Houses (this film was chosen because the Brownsville Program Coordinator had won a DVD set in a raffle at a healthy food conference). The Langston Hughes Houses activities were held Thursday afternoons in the summer of 2013, as the youth were out of school they had time to meet on the preceding Wednesdays to thoroughly discuss the plan for the lessons, which included an hour of lesson-and-discussion and an hour of cooking a healthy recipe together. I audio-recorded the discussions, and later transcribed them. The film series at the Brownsville Houses was held after the school year had begun; for these I discussed the plan with the youth at the market; they had been shown the movie earlier in the year. In each session, we watched 45 minutes of the film and held a brief, 15 to 30 minute discussion. These I did not transcribe, but I did write fieldnotes after each session.

Connected to this activity in Brownsville, I helped the youth facilitate a focus group with the Langston Hughes Seniors about their shopping and eating patterns. I recorded and transcribed this focus group, which I shared with the Brownsville

Partnership, which had initiated the focus group in order to assess community needs. I was also able to interview the director of the Langston Hughes senior centre, a woman who had lived in Brownsville most of her life, to discuss both the youth-lead nutrition education and the food environment of Brownsville. Overall, this unexpected aspect of my participation in Brownsville provided an extensive amount of data about the neighbourhood and the shopping and eating knowledge, patterns, and desires of its residents.

Shop Healthy Research Strategy

My research into New York City's Shop Healthy program was conducted at a various scales. At the citywide scale, I interviewed four employees of the New York City Department of Health and Mental Hygiene, all of whom worked on Shop Healthy in particular or food and the built environment more generally. At the borough level, I interviewed seven employees of the Brooklyn and Bronx District Public Health Offices, and three interns at the Brooklyn DPHO. These interviews were aimed at understanding the scope and history of the program, what its goals were, and the strengths and weaknesses of the approach as understood by those tasked with its design and overseeing implementation. I also conducted interviews with people actually doing the work at the community level. This included the DPHO interns as well as five teachers and non-profit workers who had "adopted" shops in their neighbourhoods.

I also attended two Adopt-a-Shop workshops, one in Brownsville and one in East New York and was able to talk informally with attendees at these events. The

Brownsville workshop included two youth who had worked at the Brownsville Youthmarket that past summer, one of whom went back to work the summer that I carried out my ethnographic study. Some work with bodegas was part of the youth's outreach hours, as described above.

I visited a number of stores that had been transformed into healthy bodegas, or were in the process of doing so, in order to see what these changes actually looked like. I accompanied Brooklyn DPHO employees and interns as they conducted outreach to shoppers at stores in East New York, I toured bodegas with community members who had adopted them, and let them point out the changes they had made. And I went to bodegas on my own, to look for evidence of the healthy changes and community encouragement at stores touted as successes. I tried to speak with bodega owners, but this was generally unsuccessful—owners were either busy, unwilling to answer questions, or thought that I was an official evaluator and said only excessively positive things.

As with the Youthmarket, research on Shop Healthy included document review. These documents included various iterations of the Adopt-a-Shop and Adopt-a-Bodega guides, Shop Healthy implementation guides geared towards instructing other cities and organizations how to establish such a program, NYC press releases concerning the expansion of the program, materials developed by the DOH including store assessment instruments, and program reports issued by the Department of Health as well as the NYC Department of Economic Opportunity, which provided the funding for Shop Healthy.

Other Programs and Activities

In order to asses the prevalence of the strategies and attitudes associated with the Youthmarket and Shop Healthy—looking for saturation (Small 2009)—I also interviewed people and observed food access activities outside these programs. These included interviews with the architects of the Food Retail Expansion to Support Health program at the Department of City Planning, the Department of Health, Mental Hygiene, and the Economic Development Corporation; interviews with a former New York City Food Policy Commissioner and a food policy staff person at the Manhattan Borough President's office; observation of the Stellar Farmers' Market nutrition education workshops (run by the NYC Department of Health) and interviews with that program's director and staff; community meetings about GrowNYC's Fresh Food Box program[28] and interviews with employees of that organization about the Food Box program and their EBT at farmers' markets initiatives. I talked to people involved in community gardens, food entrepreneurs, and sat in on meetings of coalitions of health-based organizations in neighbourhoods outside my study area.

While engaging in research activities directly related to my two case studies, I attended a large number of food planning and policy events in New York City. I attended to the yearly conference put on by the organization Just Food; the Launch event for the Laurie M. Tish Center for Food, Education, and Policy at Columbia University's Teachers College; most sessions of the New York City Food Policy

[28] Modeled after farm-share buying clubs, the Fresh Food Box program sells $10 boxes of Greenmarket Co. produce one day a week at a neighbourhood location. Though there were plans to establish a location in Brownsville the season that I conducted my research it never got off the ground.

Center's "Food Policy for Breakfast" series; the event to launch then-Speaker of the City Council's "FoodWorks" policy plan; and many others.

This assortment of research activities not directly related to Youthmarket and Shop Healthy were still useful to answering my research questions. Drawing on Mukhija's (2010) concept of "N of One plus Some," these investigations into other food access programs allowed me to identify key issues to investigate, questions to ask, and themes to look for. Indeed, at some of these events and with many of my interviews, people made specific references to the programs and types of intervention under consideration here. Even when they did not, all of these events showcased (and certainly reinforced) many common themes and tropes of food access and food access programming. These lectures and conferences and launch events contributed to confirming many of the findings in my own research about how the planners, public health professionals, and program designers understand the shape of food access inequities in New York City.

Reflexivity

Burawoy (1998) describes two principles of a reflexive approach to case research that significantly informed the way I carried out my research. The first principle of reflexive social science is that of *intervention*: rather than the view that the researcher should strive to make no impact on the situation he or she is studying, the intervention principle acknowledges that research itself is an intervention and works within that. The second principle is that of *process*. Here, the researcher moves with participants through time and space, both figuratively and

literally. While some knowledge is discursive and can be best gathered through interviews, other knowledge is nondiscursive or tacit, and requires doing and participating to see.

With these principles in mind, I actively participated in the food access programs, working at the Youthmarket, attending Shop Healthy workshops, touring bodegas with community members, and organizing youth-led nutrition education workshops in Brownsville. In participating in these activities, I understood that I was certainly altering the situations that I was studying, but by making myself a visible and active participant I was able to gather data on how these programs were implemented and received in far more detail than if I had remained silent and in the background.

My own identity as a researcher certainly had an impact on the knowledge I was able to glean from my fieldwork. I am an educated young white woman who participated in interventions in poor black communities; the majority of white people in Brownsville are there to deliver some sort of social service, and as I attached myself to GrowNYC, the Brownsville Partnership, and the Brooklyn District Public Health Office, I was no exception. I am sure that this affected the types of responses offered to me in interviews, focus groups, and less formal encounters. Most likely, my presence encouraged people to speak in the language of health offered by the institutions I affiliated with as it would be fair to assume that I was a representative of the GrowNYC and DPHO programs. In one particular instance, I was chatting with a bodega owner in Brownsville about her participation in the Greenmarket Co. produce delivery program. She was unequivocally positive,

praising the initiative for helping her make healthier food available, and she cited no troubles, difficulties, or disappointments with the system. Only as I left the store, dissatisfied with our conversation that seemed to lack any real depth, did I realize that I was holding a GrowNYC bag from the Youthmarket; though I had identified myself as a researcher she must have thought that I worked for GrowNYC.

Writing the Cases

I began the process of writing up my cases by coding my fieldnotes and interview transcripts along three main themes: the concrete activities of food access expansion programs, references to improving the environment, and discussion of nutrition education and healthy food knowledge. It was this coding scheme that structured the way the cases are written: a chapter describing the Brownsville Youthmarket, a chapter describing Shop Healthy, and a chapter recounting the nutrition education activities in each program.

The description of the Brownsville Youthmarket (Chapter 5) first presents the collaborating organizations, describes all the elements of a typical day at the market, and highlights a number of themes: the realities of inter-organizational collaboration, the way shopping at the market takes place, and the illusion that the market is a business. The Shop Healthy program case (Chapter 6), takes a different shape. The chapter is divided into two sections: 1) A chronological account of the development of the program and a description of how it has been implemented in different parts of the city and 2) an account of the Adopt-a-Shop community involvement aspects. This distinction maps onto the environmental justice and

biopower frames set out in Chapter 1, which are discussed in more detail in Chapter 8. Chapter 7 compares the environmental change and behaviour change strategies embedded in these programs; it draws from both the Shop Healthy and Brownsville research. This chapter describes the food environment of Brownsville in greater detail, shows how residents of Brownsville frame the food access barriers they face, and discusses the ways that these two different approaches to food access expansion both include nutrition education components.

In writing up my cases I did not attempt to disguise Brownsville. Small (2009) discusses the tendency in ethnographic research to give neighbourhoods pseudonyms, suggesting that this practice allows readers to erroneously feel like the researcher has "tapped into the true (essential?) nature of 'the American ghetto'" (p. 17). Renaming neighbourhoods and anonymizing their location attempts to make research seem more representative (and thus, generalizable) than is possible. I do not make claims that Brownsville is typical. Rather, Brownsville is a place where numerous food access programs and social service initiatives are implemented. It is a site where many things can be observed.

I did, however, change the name of most key informants to protect their privacy. In some cases I left names out entirely, choosing instead to refer to people by their job titles or positions—this was guided by a desire to situate programs in institutions rather than individuals. I made the decision to include race, age, and education levels (and in some cases, neighbourhood of residence) when describing people. I do this because one pervasive theme throughout this research has been the distance—both social and geographic—between those designing programs to

increase food access in underserved neighbourhoods, and those living in such neighbourhoods. In most cases, white people with advanced degrees are creating programs that affect the lives of low-income African Americans without much understanding of the constraints actually affecting these peoples' lives. These descriptors are one way to gesture at the socioeconomic differences between actors—such as the white market manager at the Brownsville youthmarket and her majority black staff, the white employees of GrowNYC and the entirely black and Latino/a customer base of the Youthmarket.

In his writing on the extended case method, Burawoy (1998) cautions that domination, silencing, objectification, and normalization are all somewhat inevitable in writing up case research. This is particularly true when scholars study minority and marginalized groups with the aim of "registering discordant voices" yet must condense and simplify those voices when turning fieldwork into data (p. 23). In food planning, there is indeed a tricky power dynamic wherein planners and public health practitioners use knowledge, authority, and their positions of expertise to intervene in food environments and peoples' lives. To guard against this in writing up my cases I have included many direct quotes from my respondents to let their voices fill the page, and I have tried to described events as plainly as possible in order to avoid preemptive analysis and interpretation of people's actions.

Where I focus on the creation and implementation of food-access programs—their motivation, conceptions, and implementation—I put those in power under the microscope, so to speak and strive to avoid relationships of domination and silencing. I am, as Nader (1972) has termed it, "studying up," for the

very reasons she cites: concern with social structure and the bureaucracy behind it; scientific adequacy; and democratic relevance so that citizens may know about the operation of institutions and government. However, where I write about the people I have talked to, interviewed, and worked with, and the community members I have observed and interacted with, I can only hope that I have written about them clearly and truthfully. Certainly, there is much condensation and simplification here, but what is described in the cases that follow is an honest account of what I have learned and observed.

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Chapter 5: The Brownsville Youthmarket: Farmers' Market Intervention

Before I had ever visited the Brownsville Youthmarket, the Health Coordinator of the Brownsville Partnership explained to me what it was like:

> We not only just have the Youthmarket, we provide complementary programming. So whether it's a music performance out there, whether it's other organizations doing tabling, whether it's paying for someone to do a food demonstration, whether it's training the kids to do their own food demonstration, whether it's passing out balloons. Something that is on that corner, that is, regardless of whether or not you're buying produce, something else that you can go there for.

For the Brownsville Partnership—a community-based organization dedicated to improving life in one of New York City's poorest neighbourhoods (see Table 1)—having a youth-run farm stand is about much more than selling local produce on Fridays and Saturdays, and more than just about nutrition, food access, and health. Rather, community leaders see the Youthmarket as signaling a great deal more: lively urban space, community participation, safety and well-being.

Table 1: Socioeconomic Data for Brownsville and NYC, 2012

	Brownsville	New York City
Median Household Income ($)	26,273	50,433
Poverty Rate (%)	38.2	20.9
Unemployment Rate (%)	18.8	11.2
Percent White	<1	33.1
Percent Black	76	22.8
Percent Hispanic	24	28.8
Percent Public Housing of All Rental Units	22.5	8.2
Serious Crime Rate (see note)	39.9	23.4

Note: Serious Crime Rate includes assault, burglary, larceny, motor vehicle theft, murder, rape, and robbery. The rate is the number of crimes committed per 1000 residents.
Source: Furman Center for Real Estate and Urban Policy (2012)

The market, however, is not actually the bustling social space that was described to me. It is 2 or 3 pop-up tents and grey plastic tables holding boxes of produce, set up under the elevated subway station at Rockaway and Livonia on Fridays, or outside the Banco Popular on Pitkin Ave on Saturdays (See Figure 5). The young people who staff the market stand around, fiddling with their phones, taking breaks to go to McDonalds or the sneaker store. When a customer approaches one or two of them leap into service, but there is not a steady stream of business that

e 5: Rockaway and Livonia Youthmarket. Photo: Dory Kornfeld
ure4: Rockaway and Livonia Youthmarket. Photo: Dory Kornfeld

keeps everyone occupied. The market is much smaller and low-key than the BP's health coordinator made it out to be.

In this chapter I describe and discuss the Brownsville Youthmarket as a site of food access intervention, a place where the project to expand access to fresh fruit and vegetables is enacted. I also discuss the market as site of multiple and overlapping tensions: tension between the aspirations for the market and their realizations, tension between what food is desired and what food is affordable, tension between promoting access and the real constraints of life in Brownsville, tension between collaborating organizations, and the tension between the Youthmarket as business and the Youthmarket as a social program.

I begin by describing the two organizations that collaborate to run the Brownsville Youthmarkets: GrowNYC, which is the originator of the Youthmarket Program, and the Brownsville Partnership, the neighbourhood organization that is GrowNYC's partner. I next explain the funding structure of the Youthmarket. Then, I draw on my ethnographic data to describe its operation: what the market is, who works there, who shops there, what interactions take place, and what role the market plays in the community. The chapter then directly addresses the tensions listed above: I discuss how the goals of GrowNYC and the goals of the Brownsville Partnership are not entirely complementary and how that prevents the market from achieving either GrowNYC's or the Brownsville Partnership's aims and heightens conflicts around price, quality, and access. I then raise the question of why GrowNYC positions the Youthmarket as a business rather than a social program. Finally, I

return to the three community-level factors that Young et al. (2011) deem essential for successful farmers' markets in low income communities.

Background

The Youthmarket in Brownsville is held on Fridays at the corner of Rockaway and Livonia Avenues and on Saturdays on Pitkin Avenue, a main shopping street (see Figure 6). The market's tents shade a few grey plastic tables holding baskets and crates of fruits and vegetables. These tables are staffed by five local young people, aged 15 to 21. The market accepts cash, as well as the assistance program currencies available to low-income people for use at farmers' markets (these include SNAP, HealthBucks, and both WIC and Seniors Farmers' Market Nutrition Program checks) (See Table 2). This market is part of the larger Youthmarket program run by GrowNYC; the Brownsville locations are run in partnership with a community group organization called the Brownsville Partnership.

GrowNYC

GrowNYC is a citywide an independent not-for-profit organization housed within the Mayor's office. It is mostly known for running Greenmarket, the network of over 50 farmers' markets that includes the flagship Union Square market. In 2013, GrowNYC had operating revenues of $9.4 million and $9.3 million in expenses, a staff of 76, and volunteers across all program areas-- GrowNYC's programs include Greenmarket (including Youthmarket, the Fresh Food Box program, the Fresh Pantry program, and the Wholesale Greenmarket); Open Space Greening (school

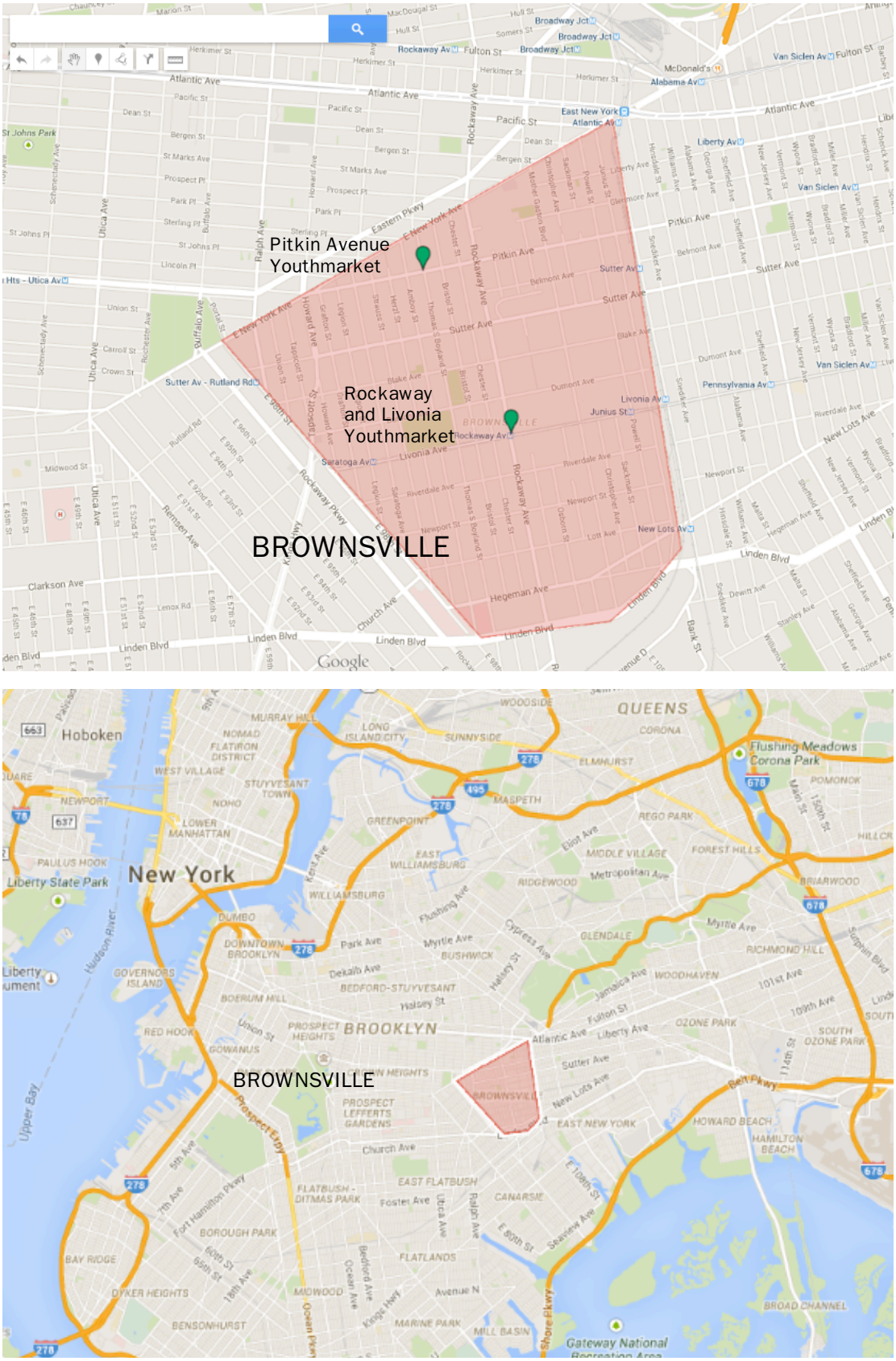

Figure 6: Brownsville

Table 2: Food and Nutrition Program Currencies accepted at New York City Farmers' Markets

	Health Bucks	Supplemental Nutrition Assistance Program (SNAP)	Supplemental Nutrition for Women, Infants and Children (WIC)	Farmers' Market Nutrition Program (FMNP)	Greenmarket Bucks
Level of Govern-ment	NYC Department of Health	Federal (USDA), Administered by the state	Federal (USDA), Administered by the state	Federal (USDA), Administered by the state	GrowNYC/ Greenmarket (non-government)
What is it?	$2 coupons for use at the farmers' markets. Given a) to people who use SNAP at farmers, markets, one $2 coupon for every $5 they spend; and b) to community groups to dispense to participants in health programs	Entitlement program to assist low income families purchase food. Benefits are spent via an electronic benefits card (EBT) that works like a debit card. Formerly called Food Stamps (and still referred to as food stamps colloquially)	Like SNAP, but only for pregnant and breastfeeding women, and small children. No EBT card is available for WIC, benefits are dispensed through food-specific paper checks. Monthly F&V checks allotments are $6 for children over 2, $8 for formula feeding mothers, and $10 for breastfeeding mothers (all values as of 2013)	$4 checks that can be spent at farmers' markets. There are two different types: Seniors FMNP and WIC FMNP. Recipients get $24 in total each year	$2 coupons that can be used to purchase any product in all Greenmarkets. They can be purchased by businesses, community based organizations and non-profit organizations as incentives or rewards to clients, employees or specific community groups. Not available to individuals for purchase
Form it Takes	Paper coupon	EBT Card swiped in exchanged for wooden tokens at most farmers' markets; swiped directly at Youthmarkets	Paper checks that must be signed	Paper checks	Paper coupon
Where can it be Spent?	All 138 New York City farmers' markets, between June 1st and November 15th	Any store that accepts SNAP (there are minimal requirements), some CSAs and food box programs, All but 12 (of 138) New York City farmers' markets, year round.	Any store that accepts WIC (there are stringent requirements); at farmers' markets with farmers who are registered to accept WIC Fruit and Vegetable checks, year round. **(Not accepted at Youthmarket)**	Farmers' markets, between June 1st and November 15th, and CSAs	Any GrowNYC Greenmarket
What can it be spent on at the farmers' markets?	Fruits and vegetables only	Any food item considered groceries, seeds and plants that produce edibles. Not able to be spent on prepared food, alcohol, pet food, or non-food items	Fruit and vegetables only, no white potatoes or herbs	Fruit and vegetables only	Any item

Sources: (USDA Agricultural Marketing Service, USDA Food and Nutrition Service, and Project for Public Spaces, Inc. 2010; Verel and Owens 2010; GrowNYC n.d., 2012, 2013; New York City Department of Health and Mental Hygiene 2013a, 2013b; Citizens' Committee for Children of New York 2013; USDA Food and Nutrition Service n.d.; New York State Department of Health n.d.; New York State Department of Agriculture and Markets n.d.)

and community gardens); Environmental Education; and the Office of Recycling, Outreach & Education (including compost collection) (GrowNYC 2013). Greenmarket began in 1976, with the two goals of 1) supporting regional farmers by providing a market for them to sell produce directly to New Yorkers and 2) bringing high quality fresh fruits and vegetables to city residents. Since its inception it has had strict rules about what can and can't be sold at the Greenmarkets: only local produce from farms in a 250 mile radius of New York City.[29]

Initially, Greenmarket's prices were lower and goods were fresher than at supermarkets and the program benefited New Yorkers of all incomes. Starting in the 1990s, however, prices rose above those at supermarkets[30] and the Greenmarkets became shopping destinations for the city's well off residents—those who had the luxury to care about the origins of their produce. Since 2007, GrowNYC has recognized that its mission of providing fresh, local produce was in danger of exacerbating inequality as the Greenmarkets became more expensive and catered to elite tastes. The organization has initiated programs to address food access equity, including expanding Greenmarket into more neighbourhoods (growing from 23 markets in 2005 to over 50 in 2014), ensuring that SNAP can be used at all

[29] More specifically, "a circle extending 120 miles to the south, 170 miles east and west, and 250 miles north of New York City" (GrowNYC n.d.).

[30] Changes in refrigeration, transportation, and the 1994 signing of NAFTA all contributed to making fruits and vegetables more widely available in all seasons and cheaper overall (Freidberg 2009; S. Hamilton 2008; Robbins 2014) (Robbins 2014).

Greenmarkets, and establishing the Youthmarket Program (Kornfeld 2014).[31]

Youthmarket extends the reach of Greenmarkets into neighbourhoods where sales are not high enough to attract farmers to sell directly to local consumers. Tom Strumolo, the director of planning and policy for Greenmarket, explained that when they started bringing farmers' markets to more neighbourhoods, farmers were stretched thin, which inspired the Youthmarket model:

> What happened was that I would call up [farmers] and say "You gotta come," but it reached the point when we had about 50 markets and farmers said "We'd come, but we just can't! We just cant!" So we had a market in Bed-Stuy, on Lewis avenue, where I begged two guys [farmers] to come, but after a few weeks they called me up and they said, "Really, we're at the end of the line. We tried to do you a favor but we're not making enough and we're just stretched thin. Way too thin. We can't continue here any more." So that's when I came up with the idea of Youthmarket. There was a fellow across the street from where the market was, who owned a store called Bread Stuy. Somehow he got my telephone number. He goes "You can't let this market go away, Bed-Stuy is just beginning to come back." So I went down to his place and over some coffee he said "Look, I know these two fellas, who want to work on Saturday, I could vouch for them, they're honest" so I said okay… And it's food access. Wanting to keep that market at Lewis Avenue, to provide the access, but not having any mechanical way to do it other than create a different model than the farmers being there. Totally different model.

That year—2006—Tom Strumolo and the two local teens (both of whom still work for Youthmarket) went to the Brooklyn Borough Hall Greenmarket in Tom's station wagon, purchased food directly from farmers at near-wholesale prices, and re-sold it in Bed-Stuy. It was very well received and so Youthmarket became a

[31] Between 1999 and 2001 Food Stamp benefits (SNAP) were made electronic, on an Electronic Benefits Transfer (EBT) card, that could not be accepted at farmers' markets the way paper stamps had been before (United States Department of Agriculture Food and Nutrition Service n.d.; United States Department of Agriculture Food and Nutrition Service 2010).

permanent line of programming for GrowNYC, with quite a bit more formal structure.

Youthmarket currently operates at 15 sites across New York City. In each, a local community organization partners with GrowNYC to bring the Youthmarket to the neighbourhood. The community organizations are responsible for hiring and paying the youth, selecting the sites for the markets, and doing outreach and advertising. GrowNYC provides the produce through its wholesale arm, Greenmarket Co.,[32] and supplies the tables, tents, T-shirts, market managers, a training curriculum, and other technical assistance. The revenue from the sales at all 15 Youthmarkets is cycled back into GrowNYC's overall Youthmarket budget.

The Brownsville Partnership

In Brownsville, the local organization is called the Brownsville Partnership—referred to by residents as "The BP." It was established in 2011 as on offshoot of a nationwide nonprofit called Community Solutions. In 2013, Community Solutions had $8.3 million in revenues, and $6.5 million in expenses, 33% ($2.15 million) of which was spent on the Brownsville Partnership.[33] In 2013, Community Solutions had 28 full time staff and 16 part time staff; 13 people at the Brownsville Partnership (Community Solutions 2013). Most of these staff are people with

[32] As with all Greenmarkets, the fruits and vegetables come from local farms, but Greenmarket Co. purchases produce in large quantities and re-sells it by the crate or bushel to restaurants, food retail businesses, small producers, and Youthmarket.

[33] The 4 key initiatives at Community Solutions are the 100,000 Homes Campaign (finding housing for the chronically homeless); the Brownsville Partnership; the Northeast Neighborhood Partnership (working in Hartford, CT); and Inspiring Places, a property development arm.

advanced degrees who do not live in the neighbourhood. The BP is a community organization in that it works on issues specific to Brownsville, but it is organized from the outside; it is not a product of grassroots community mobilization.

Brownsville Partnership's original focus was homelessness prevention. The organization has since expanded to work on issues of safety, health, education, and economic opportunity. The BP added health issues to its work, mostly related to diet and exercise or "healthy eating and active living," because these issues emerged as salient topics when surveying residents about their concerns. Many residents were particularly attuned to the disparity between the food available in Brownsville and other neighbourhoods. Brownsville sits within New York City's high-supermarket need areas (New York City Department of City Planning, New York City Department of Health and Mental Hygiene, and New York City Economic Development Corporation 2008). Further, Brownsville residents have elevated levels of diabetes and obesity—in 2010, the obesity rate was 29% in the neighbourhood, compared to 25% Brooklyn-wide, and 22% in New York City; Brownsville's diabetes rate was 11.6%, compared with 10.2% in Brooklyn and 9.3% in New York City (Chaudhury and Kennedy 2012; New York City Department of Health and Mental Hygiene 2013c). These local data reflect nationwide racial and socioeconomic disparities (Centers for Disease Control and Prevention 2009; National Center for Chronic Disease Prevention and Health Promotion 2010; Thompson 2013). In Brownsville, health inequities, along with mediocre grocery availability, are symbols of the disinvestment and concentrated poverty that the BP is working to address; health programming is a part of larger program of community development.

The BP's community health work has become more central since 2011, when the organization was awarded a New York State Department of Health "Creating Healthy Places to Live Work and Play" grant and hired a Health Coordinator. Along with walking groups and a recent successful campaign for new bike lanes (Miller 2012; Fried 2013), Youthmarket is a major component of this work. The sense of inclusion that the Brownsville residents get from part of the Greenmarket network cannot be overemphasized. When I asked one of the youth if he worried that adult shoppers possibly didn't trust a teenager's expertise about food, he said no, because he had a uniform—the GrowNYC T-shirt—that showed he must be knowledgeable.

The BP Health Coordinator explained this about the Youthmarket:

> The way that it's framed and the way that we do the work, is yes, it's around health, but we actually frame it as "visible neighbourhood change"… The entry point is health, but it actually is a lot more than that. So the Youthmarket is a place where you can buy produce, but it's also a place where you can congregate that is safe.

This safety point is important. When people talk about Brownsville—both those who live there and those who write about the neighbourhood—they often mention the quantity of public housing, frequently making the claim that Brownsville has the "highest density" of public housing in the nation. This claim is invoked by journalists (Sun 2012), nonprofit organizations and foundations explaining why they are working there (Brooklyn Community Foundation 2013), as well as by the public housing authority (NYCHA) itself (New York City Housing Authority 2010).[34] The prevalence of public housing gives the neighbourhood a certain tone: the dominant

[34] In fact, Brownsville ranks 4th in New York City for percent of public housing as a proportion of all rental units (Furman Center for Real Estate and Urban Policy 2012).

frame for understanding Brownsville is the concentration of public housing and all of the things associated with it: particularly crime, but also blight, concentrated poverty, private disinvestment, and negative public investment (which includes a large juvenile detention centre along with the public housing) (Bellafante 2013; Marina 2013; Secret 2014). Long-time residents appeal to the concentration of public housing when attempting to explain the degradation of their neighbourhood:

> Dory: How do you see Brownsville turning from the neighbourhood you grew up in to the neighbourhood it is now?
> Ms. Carrington: You mean the nightmare? I can't understand it. I think it was, well, we did have high-rises, we had Brownsville [Houses], we had Howard, we had Vandyke. Then Tilden shot up and this shot up and Marcus Garvey. I don't know, when they started piling people into one small space and not paying attention.

The inward-facing towers of housing projects create problems for the neighbourhood. The area is full of very long blocks with no retail or services, making for unpleasant and inconvenient walks to amenities, and there are public safety concerns that accompany that streetscape, such as dark, isolated areas, where illegal things happen out of public view (The Municipal Art Society of New York 2014, Jacobs 1961).[35] The NYPD has very recently begun implementing a strategy dubbed "Omnipresence" which, in an effort to curb gun violence in the neighbourhood, puts police cruisers with flashing lights on every corner in Brownsville and fills the streets with floodlights at night. This effort has not been particularly welcomed by residents who feel both over-surveilled and not particularly protected (Goldstein 2014; Farrell 2014).

[35] The Brownsville Partnership, in conjunction with Transportation Alternatives, is working on creating mid-block crosswalks on the superblocks of the NYCHA developments in order to improve walking in the neighbourhood (Transportation Alternatives 2013)

With this lens on the neighbourhood, the BP selected sites for the Youthmarket. The locations were chosen, in part, because they were high-crime intersections and the BP wanted to use the market as a crime-deterrent; they also were meant to add positive associations to specific spots. The BP's Health Coordinator explained:

> I specifically choose corners that are high-crime corners because I want to use the Youthmarket as a deterrent for crime. A really great example of this is that the last Youthmarket was on the corner of Rockaway and Livonia on November 16th…and November 30th there was a double shooting on that corner. At 5 o'clock.

Though the BP is organized from the outside in, the organization does engage local residents and, to that end, hires Brownsville residents as Community Planning Partners (CPPs) in order to "help the partnership understand local needs on a deeper level while further rooting them in the fabric of a place and its people" (Boyer, Cook, and Steinberg 2013, pp. 47-48). The Community Planning Partners do much of the on-the-ground work rather than the office work. For example, CPPs attended the Adopt-a-Shop training held in Brownsville (described in chapter 6). At the start of the market season a CPP was assigned to work with the Youthmarket and the stores that were part of the Healthy Bodegas work, but she was let go after failing to show up for work.

Abigail,[36] the GrowNYC Brownsville Program Coordinator, worked very closely with the BP, sometimes working out of its office rather than the GrowNYC office. She expressed concern that the Community Planning Partner program was

[36] A pseudonym

not doing enough to train local people to become community leaders, that it "coddled" people and didn't expect enough from them.

> I think there are certainly double standards at play. Part of the [BP's] goal is that they advance the community, they hire as many people as possible from within the community, but a lot of the people come into the situation not having had the same [professional and educational] experiences [as the people doing the hiring], and they are treated differently. Obviously I think it makes sense to accommodate people that they are trying to help and include, and who will work to make their own community better, but they are better served by treating them as any other BP employee rather than by making special rules for them because of whatever experience they may have had in the past.

In effect, the BP does not have a fully conceptualized strategy for managing the CPP program. There is a gap between the establishment of the program and its intended effect. The same can be said for the Brownsville Partnership's approach to the Youthmarket. In 2013 the Brownsville Partnership did not—or was not able to—act as an equal partner to GrowNYC in the operation, primarily due to a lack of funding and a subsequent lack of staff. Abigail expressed disappointment in this fact, and rued that it prevented the Youthmarket from being successful:

> Well I certainly hope that the partnership is more reciprocal [next year], and I feel like what really suffered this year was our outreach. The GrowNYC side of the partnership is to bring the Youthmarket model, and the BP side of the partnership is supposed to bring the community, and we're supposed to meet in the middle. But I really wanted [the BP to do] outreach for the markets. We need to work with people who know the community much better if it's going to work…That was the biggest challenge for me this year. Just not having a counterpart at the BP.

When GrowNYC takes on tasks that the Brownsville Partnership is supposed to be responsible for, such as market outreach and promotion, or applying for grants to pay the youth's salaries, GrowNYC coddles the BP just as the BP coddles its community planning partners. This is indicative of the BP's capacity overall. Without

enough cash flow and the ability to hire the staff for the projects they have committed to, it is hard to imagine them taking an even greater role in managing the Youthmarket. They most certainly need GrowNYC.

Funding

The majority of the funding for the Brownsville Youthmarkets comes from grants, with a small amount coming from produce sales. As shown in Tables 3 and 4 the Brownsville Youthmarkets sold $15,942 worth of goods for a total of $23,924, for a "profit" of about $8,000 over the 22-week season (see Tables 3 and 4). The salaries, transportation, equipment, and overhead are covered by grant money. Abigail, the Brownsville program coordinator for GrowNYC, explained that Brownsville's poor health statistics are key to receiving funding:

> In Brownsville we work in that specific neighbourhood—we were granted the money to work there—because it is particularly at risk. In terms of all the nutritional things… a person living in these communities is much more likely to have obesity, diabetes, or hypertension or any of the western disease. Much more than a person in a different neighbourhood….and it's because of those very very high statistics that we get grants to fund [our work there].

The primary grant is issued by the New York State Department of Health's obesity prevention program "Creating Healthy Places to Live Work and Play" (CHP). CHP funds community programs that increase physical activity and access to and consumption of healthy foods. The grant operates under a public health framework; the request for applications calls attention to the rise of obesity and diabetes and their negative consequences. Its aim is to improve health outcomes by promoting physical activity and healthy eating. The Brownsville Partnership applied for the 3-year CHP grant with GrowNYC, which had run one Youthmarket in Brownsville in

2011. The grant was awarded, allowing the expansion of the Youthmarket program (as well as Greenmarket Co. fresh fruit and vegetable delivery to 6 bodegas and supermarkets, as described in Chapter 6). 2012 was the first year of the 3-year grant; 2014 was the last.[37]

Creating Healthy Places funds only physical items and interventions—tents, banners, supplies, and promotional materials like flyers, tote bags, and t-shirts—and does not fund either labour or produce. This is cause of enormous frustration to Abigail who resented spending money on non-essential items like frequent shopper cards or Youthmarket tote bags and not being able to increase the youth staff's hours.[38] Staff salaries require extra fundraising on the part of GrowNYC and the Brownsville Partnership. The BP was able to raise money through the Brooklyn Community Foundation to pay the youth's salaries of $10 and hour for their outreach work in the community; GrowNYC paid for the hours worked at the market from its own budget, including funds from youth development and healthy eating grants from the Levitt Foundation. The produce is paid for through sales.

[37] I do not know the total value of this grant. Employees of the BP and GrowNYC specifically removed the financial information from the copy of the grant application they provided to me.

[38] This complaint was echoed by other grantees, including the Brooklyn District Public Health Office, which was awarded a CHP grant for Shop Healthy and their school wellness work.

Table 3: Brownsville Youthmarket Sales 2013
(Numbers are for both the Friday and Saturday markets combined.)

OPERATING REVENUE	Cash Sales	$8,329.00	35%
	EBT Sales	$1,756.39	7%
	Credit Card Sales	$93.00	0%
	Debit Card Sales	$361.40	2%
	WIC FMNP Check Sales	$7,268.00	30%
	Senior FMNP Check Sales	$4,634.00	19%
	Health Bucks Sales	$1,406.00	6%
	Greenmarket Bucks Sales	$6.00	0%
	Petty Cash	$69.99	0%
	TOTAL SALES	**$23,923.78**	**100%**
OPERATING EXPENSES	Cost of Goods	$15,941.48	
	Stipend	$31.87	
	Petty Cash	$38.12	
	TOTAL EXPENSES	**$16,011.47**	
OPERATING PROFIT	Sales	$23,923.78	
	Expenses	$16,011.47	
	TOTAL NET	**$7,912.31**	

Source: GrowNYC spreadsheet, personal communication.

Table 4: Brownsville Youthmarkets Profit Per Week 2013

MONTH	WEEK	NET REVENUE
July	Week 1	$267.75
	Week 2	$106.29
	Week 3	$108.15
August	Week 4	$535.58
	Week 5	$630.39
	Week 6	$571.70
	Week 7	$701.37
	Week 8	$534.05
September	Week 9	$716.60
	Week 10	$580.87
	Week 11	$359.18

MONTH	WEEK	NET REVENUE
October	Week 12	$581.88
	Week 13	$504.75
	Week 14	$189.75
	Week 15	$164.50
November	Week 16	$50.75
	Week 17	$150.75*
	Week 18	$168.25*
	Week 19	$269.75*
	Week 20	$839.10*

*estimated from incomplete data

Source: GrowNYC spreadsheet, personal communication.

The Brownsville Youthmarket in Operation

Market Staff

In the summer of 2013 six youth were hired to work at the market: three teenage boys still in high school, one teenage girl who had graduated in May and would start college in the fall, one 21-year old woman with a one year old son, and one 21-year old man who had worked at the market the previous year. All the youth were from Brownsville and were recruited through the Brownsville Partnership. One was Latino and the other five were African American, almost perfectly reflecting the racial composition of Brownsville. All youth worked both the Friday and the Saturday market, and although this often seemed like more staff than necessary, this was deliberate. The season before, the markets had lost a significant number of youth workers over the course of the summer, and so this year there was intentional over-hiring to compensate for youth likely to drop out of the program. Indeed, one participant did not stay on through the whole season. The youth were paid $10 an hour and, in the summer, worked about 20 hours a week, which includes working at the market and also doing "outreach" work in the neighbourhood, including running a walking group with seniors and some Adopt-a-Shop style work with local bodegas (see chapter 6). This is a well paid job for these young people and the salary is their primary reason for working at the Youthmarket.

There is also a market manager hired directly by GrowNYC. At the Friday market, this role was filled by a Latino man in his mid-20s, who had worked as a youth staff member at different Youthmarkets before being promoted to manager. Abigail acted as the market manager on Saturdays (though she was also present on

Fridays): she is a white woman in her mid 20s who grew up in New York City and had been working for GrowNYC since she graduated college. A late-30s Caribbean woman from Cornell Cooperative Extension was intermittently present at the market to help the youth run cooking demonstrations.[39] Towards the end of the summer, a GrowNYC intern—a white woman in her early 20s who was a Masters student in nutrition—joined the market, primarily to conduct nutrition lessons tied to various food items available for sale. I was present on both Fridays and Saturdays. This was quite a lot of people behind two folding tables, but it made for quick set up and take down, and gave everyone the flexibility to leave for lunch and miss days when necessary, especially when 3 out of the 5 youth returned to school in the fall, missing the Friday market day.

Market Set-Up

The market begins in early June and runs until the week before Thanksgiving; this corresponds roughly to the period in which Health Bucks and FMNP checks are redeemable. On Fridays, the market runs from one to seven p.m.; on Saturday from nine a.m. to four p.m. The youth arrive an hour before opening to unload tables, tents, crates, scales, chalkboards, and other supplies from the van driven by a GrowNYC staff who was one of the two teens at the original Bed-Stuy Youthmarket. At the same time, the refrigerated truck carrying crates and boxes of

[39] In early June, the youth attended a training hosted by Cornell Cooperative Extension and she was one of the trainers.

produce arrives.[40] The driver delivers what the youth ordered the week before, sometimes with minor adjustments depending on availability or extra items being cleared out of the warehouse (Figure 7).

The time before the market opens is a scramble as youth set up the tables and tents and scales, unload boxes, arrange produce for display, hang the "use your EBT card here!" and "Brownsville Youthmarket" banners, and do the pricing. The pricing scheme for the entire Youthmarket program is a simple formula of 100% markup—when the food is delivered, the Greenmarket Co. driver hands the market manager an invoice listing the cost of items delivered, though this invoice is not paid

ure 7: Abigail and one of the Youthmarket staff unloading produce from the GrowNYC truck. Source: owNYC.

[40] The same truck delivers food to the Youthmarkets and to the stores and restaurants that purchase food from Greenmarket Co.

by the Brownsville Youthmarket directly. All of this is done while politely fending off customers who want to shop before the market is open.

The last step is to set up the cash box and turn on the EBT machine. The market accepts several types of payments, and the youth must be ready to conduct transactions in all of them: cash, EBT, Health Bucks, WIC Farmers' Market Nutrition Program (FMNP) checks, Seniors FMNP checks, and credit and debit cards, though those are rarely used (see Table 4). Then, the market opens for business.

Customers and Shopping

Shoppers come from many demographics: they are all ages; some come alone, other with their children or friends; the majority are women, but plenty of men purchase food as well. Reflecting the composition of the neighbourhood, shoppers are primarily Black and Latino/a. Many of the Latino/a shoppers, particularly older women, speak very little English and rely upon their children or the one Spanish-speaking Youthmarket staff member for translation. By the end of the season, most of the youth could recite basic prices in Spanish.

When a person is shopping at the market, youth staff are engaged with the shopper throughout the transaction. Upon approach, one of the youth market staff greets the customer, bags and weighs items of their choosing, totals up the purchase, and accepts payment. All of the youth had the same job: roles were not segmented into interacting with customers, bagging groceries, working the cashbox, and restocking produce. This intensive way of giving personalized attention to each customer was partly due to the set-up of the market, as shoppers were not able to

roam the area and select items, bringing them to the front to get weighed, as is often the case in larger farmers' market stalls. Another reason is that prices were not always clearly displayed: sometimes chalkboards did not get unloaded from the van, sometimes there was no chalk. This meant customers were constantly asking the prices of items and youth needed to be attentive to these queries.

The most salient reason for one-on-one shopping, however, is that people spend their $4 Farmers' Market Nutrition Program (FMNP) checks one at a time.[41] About half of all sales at the 2013 market were made in FMNP checks (see Table 2). In New York State, recipients get $24 per market season, in the form of six $4 checks. Change cannot be given for payment made in FMNP checks and though customers may use cash to supplement any purchase over $4, this rarely happens. People prefer to purchase produce in $4 increments, which makes for an iterative process of selecting items, weighing them, selecting additional items, weighing those, reducing the volume of the first item, adding in another item, until a $4 bag of vegetables is selected. Even if a customer spends $12, the general preference is to count up $4 worth of items, hand over an FMNP check, and then repeat the process twice more.

Sentences like this are commonly spoken:

> Okay, so that's $2.50 for the bunch of carrots, and $1 for the onions, that's $3.50. Plus the apples is $4.50. Do you want to spend $4? I can put one of these onions back, okay?

[41] FMNP was begun in 1992 with the aim of providing low income seniors and WIC recipients with the means to buy produce at farmers' markets in order to improve their health and support small farmers (Conrey et al. 2003)

The same style of shopping was true with SNAP/EBT customers. New York City's Health Bucks program provides a $2 coupon to customers who spend $5 on their EBT card. It was common market protocol, then, to encourage a customer spending $3 or $4 or $4.50 to add more items to their purchase, so that they would spend $5 and earn the $2 Health Buck.

Like Greenmarket, the produce available at the Youthmarket was all local and thus, seasonal. However, many people who come to the Youthmarket do not necessarily know or understand the constraints in which the Youthmarket works. People consistently ask for all sorts of produce and products, including bananas, mangos, and pies, requiring the youth to explain over and again that all of the items sold come from local farms, and thus bananas will never be available. There is no question that the market makes a great variety of quality produce for sale. On a typical day the market sold cabbage, carrots, beets, lettuce, kale, collards, tomatoes, peaches, scallions, zucchini and squash, and cilantro.

There is a great desire for fruit at the Youthmarket, but because of the combination of local procurement and price, there is not much fruit available. For the first weeks of the market, there was no fruit at all. The first items available were plums and blueberries and they were quite expensive—$4.50 for a pint of blueberries or $7 for a small box of yellow plums. In addition to the tropical fruits mentioned above, other requested fruits—like grapes—are available locally but, due to their expense, the Youthmarket never made the decision to stock them. Peaches in particular are greatly desired, and even though they are quite expensive, the market sold them throughout peach season, and they always sold out despite the

expense. In late fall, the only fruits available were apples and pears, and it was at this time of year that the market received the most wrath. “I though you’d have fruit,” shoppers told us. “There are apples!” the youth replied enthusiastically, sometimes to rolled eyes and silent departures. On the very last day of the market, a woman came by, angry at what was for sale. “I came all the way here for this?!” she shouted, “I though you would have fruits, and pies!” When I pointed out that there were apples, cranberries, and squash that would cook up very sweet and make excellent pumpkin pie, she shook her head at my suggestions.

Aside from the fruits’ particular expense, the prices in general caused a variety of reactions, including suspicion or disbelief, disappointment, and anger. Disbelief takes the form of frequent eye-rolling as customers communicated that they are savvy enough to know that they can get better prices elsewhere. Disappointment is shown when customers ask the price of something and after receiving the response, simply say “oh” and put the item down. Some customers get angry, and they shout. In one instance where a woman asked for the price of a single tomato priced at $2.25 a pound. The one tomato came to $1, and she shouted “You’re robbing us! I won’t be coming back!” On a different afternoon, when a customer asked about the price of corn and was told that they were 3 ears for $2, she sucked her teeth and seethed “you’re telling me *what?* Especially at this time of year?!” and left without buying anything. One woman, after complaining bitterly about the prices, calling both them and us “terrible,” stole an onion as a kind of retaliation. She picked up a tiny cipollini onion (they had not been ordered, but they

arrived and were listed on the invoice, and we were selling them for $3.50/lb), looked me in the eye, put it in her tote bag and walked away.

One of the youth, walked me through a typical instance of navigating the tension between the prices and customer's expectation:

> I'm weighing [some produce] and I'm like "oh my god." I'm like "oh, they're going to kill me when they find out how much this is!" And when they don't like the prices I go "Ma'am" I tell them the spiel [about the food being fresh and local]. Now, if they're not convinced by that, I'll say "well, I'll take off a dollar for you" or "y'know what, here, have an extra peach." Because, I mean, of course you want to make money, but we can't forget what our main purpose is, what we're there to do. Of course we want to make a profit so we can continue, but our main goal is to have people eating healthy. So once we lose sight of that because of money, I think that's when we fail.

The Youthmarket's policy of a 100% markup makes for prices that do not always make sense to customers. On one particular day, for instance, the markup scheme priced large bunches of orange carrots at $1.50 while smaller bunches of rainbow carrots were $2. The rainbow carrots didn't interest people, partly because of their unusual colouring and partly because they were smaller and more expensive, and at the end of the day most of them went into the donation box. Selling them for $1 per bunch would have been at cost, but even so the market would have taken in more money and sold more carrots.

Many shoppers who approach the stand are unfamiliar with some of the vegetables; most are not shy about this fact. They ask lots of questions, pointing to items and asking "what is this?" or "what do I do with that?" Differently coloured variants led to the most questions—yellow summer squash, red-leaf lettuce, red potatoes—prompting one of the youth to declare "people in Brownsville don't like colours." On a particular day in August, I explained repeatedly what nectarines

are—'crunchy like an apple but they taste like a peach'. This explanation was not directed only to customers, but also to the youth, who were unfamiliar with the fruit and needed to be reminded of the word "nectarine" a few times.

Many other customers, however, are highly knowledgeable about the products and are vocal about their desires for fresh, healthy, high quality food. People often mentioned that they were from the American South or the Caribbean islands and that they know that this was "good stuff." Many were eager to tell us about their gardens, and to point out to their children that what the market was selling were the things they were growing in their yard. Some shoppers bought large quantities of food at the market using a combination of cash, SNAP, Health Bucks and FMNP checks. Some customers mentioned other places they shopped, including Whole Foods or the Union Square Greenmarket, and some of those customers expressed surprise at how inexpensive the Youthmarket was in comparison.

Cooking Demonstrations.

In addition to selling vegetables, the youth sometimes cleared off one of the tables for a cooking demonstration. Using a portable gas burner and a frying pan, as well as olive oil, salt, and a few spices from the box of supplies, the youth—almost exclusively the women—would cook up one of the vegetables being sold that week and portion it out in small paper cups for customers to sample. These were not peformative demonstrations of cooking techniques, rather they were a way to promote an item that was not moving as quickly as hoped, showing potential customers that squash or beets or chard could be delicious.

The cooking demonstrations were never scheduled; they were conducted whenever the youth felt inspired and sometimes were instigated to stave off boredom. The days that the market had an abundance of unsold goods were often slow days and the youth, bored with their smartphones and each other, would get excited about cooking something. The demonstrations were generally successful in that the samples drew people to the market, many of whom bought the item that the youth were cooking. The demonstrations were also an opportunity to distribute Health Bucks, so that people were incentivized to try out the featured items.

Though the youth cooked samples to promote simple and healthy food, they never felt any need to avoid or hide the unhealthy food that they enjoyed. Many Saturday mornings, after the tables had been set up but before the market's official opening time, some of the youth would go to the McDonalds in the next block to get breakfast and would return with coffees and paper McDonalds bags, setting them down on the table between baskets of vegetable. The McDonalds was also the most convenient place to use the restroom, so there were often McDonalds cups on the tables—a different sort of food demonstration.

At first pass, the image of farmers' market workers eating heavily processed, corporate fast food presents as ironic, but the presence of McDonalds food on the Youthmarket table and in the hands of many shoppers shows that there is no inherent divide between fast food eaters and Youthmarket customers. People who purchase and cook vegetables also eat take-out and prepared food; farmers' market shoppers are average people with a variety of food needs and desires and buy and eat all sorts of things.

Market Close-up.

Between 45 minutes and half an hour before the scheduled end of the market, the market manager would initiate the process of closing down the market. The first step was usually doing the order for the next week. Looking over the invoice, the youth determined whether or not they broke even on each particular item—that is, sold at least half of what was they had ordered. If they had, it was ordered again for the next week, if not, a reorder was debated. Was there any reason that sales had been slow? Was the product lower quality than expected, wilted or brown? Was there a competing product, such as both kale and chard? Was the wrong variety ordered? Were people not used to the item? Would it sell better next week? Did the market receive more than it had ordered? Sometime the item was reordered, but in a different colour (white potatoes over red, red onions over white), sometimes it was dropped. Abigail took the order sheets back to the GrowNYC office and formally placed the order with the Wholesale Greenmarket.

After the order was put in, further tasks included counting the day's proceeds, breaking down boxes, and weighing and accounting for excess produce. Unsold good were donated to a local food pantry, and this is counted among the benefits of the Youthmarket when GrowNYC promotes the program. The produce is weighed before it is donated so that the amount of healthy food brought into the neighbourhood can be enumerated; the excess was not counted as a programmatic

loss or failure. After the bunches of beets and pounds of peppers had been tallied, the Youth packed up vegetables to take home themselves.[42]

With the vegetables all packed up, the youth would then fold up the tables and tents, sweep the sidewalks, and wait for the van to return so the things could be loaded. Towards the end of the season, in October and November, it was dark by the time the van arrived on Friday evenings. Though the youth would talk about going out and enjoying their weekend, they all knew that they would be back at work at 8 a.m. the next morning, and most usually admitted that they were just going to go home and sleep.

This description of the market's staff, structure, operation, and activities is intended to show just what the Youthmarket is and how it works in the neighbourhood context, not just in the program description documents that that GrowNYC produces (and offers to other organizations through its Youthmarket consulting arm)(GrowNYC 2013). It also highlights a number of the tensions described at the outset of this chapter: between the aspirations for and realizations of the market, between what food is desired and what food is made available, between promoting access and the constraints of affordability.

I now turn to discussing two larger issues of concern that are, themselves, tensions: first, the competing goals of GrowNYC and the Brownsville Partnership

[42] Some of them loaded up multiple bags each market day, excited to have ingredients to prepare certain meals themselves. Others phoned their families and asked what they should take. Still others had to be cajoled to pack a bag or two—these were usually the younger boys who, though they worked all day with vegetables, never quite felt at home with them. I also took home a great quantity of produce, for cooking or preserving. One week I made 3 different types of pear jam from what I collected. At first, I felt awkward about this, feeling as though I was taking food out of a neighbourhood that needed it; later on in the season, talking about what we would make with that week's produce and then taking it home became a normal part of working at the market.

and how this affects the market's ability to achieve either organization's aims, and second, the tension between persistent idea that the Youthmarket should be understood as a business, and its more productive orientation as a social program to address food security.

Different Organizations, Different Goals: GrowNYC and the Brownsville Partnership

The partnership between GrowNYC and Brownsville is essential to the market's functioning. The two organizations were co-applicants on the Creating Healthy Place grant, but both also needed to find additional funding to support the market. GrowNYC has the expertise needed to run the market, especially the Greenmarket Co. food distribution mechanism. It also provides the branding which does the important work of bringing Brownsville into the fold of well-known, well-regarded citywide organizations. The Brownsville Youthmarket would not be possible without GrowNYC's contribution. However, the two organization's differing goals cause clear tensions that make it difficult for the market to achieve its food access goals: where GrowNYC aims, overall, to support regional farmers and further environmental sustainability, the Brownsville Partnership's concern is much more local.

The Brownsville Partnership's primary aim is the well-being of a markedly disadvantaged neighbourhood: it seeks to end poverty and violence, increase access to education and economic opportunity, address health disparities, and foster a greater sense of pride in Brownsville. Establishing the Youthmarket is part of the BP's program for addressing this variety of issues and has four identifiable goals. 1)

make dangerous intersections safer and give them a positive association; 2) create lively community spaces where neighbours can gather; 3) offer jobs to local youth that pay more than minimum wage, come with real responsibility, and are located in the community in which they live;[43] and 4) sell good, fresh, high-quality, affordable fruits and vegetables to signify that Brownsville is a neighbourhood with amenities like any other.

GrowNYC's underlying aims are not the same as the BP's. It has strong rules about local procurement to protect local farmers and seeks a clientele willing to pay high prices for local food. Though GrowNYC recognizes the need to address food access equity, the organization's main focus is supporting local agriculture. GrowNYC's requirement that the Youthmarket sell local produce has three resonant disadvantages: expensive products, seasonal product availability, and the inability of community members to vend at the market.

The first concern is simply that the food is expensive. Though some staples are reasonably priced—heads of lettuce for $1.25, potatoes at 75 cents per pound—overall, the food is pricier than at local supermarkets, even with the supportive currencies available—SNAP, Health Bucks, WIC, and FMNP. Customers at the Youthmarket are not shy about pointing this out. Everyone involved with the program—BP staff, GrowNYC staff, and youth working at the market—knows that price is a barrier to many community members.

[43] Many of the youth, as well as other Brownsville residents casually mentioned their travel all across the five Boroughs for work, often at multiple low-wage jobs.

The second issue is that the product mix at the Youthmarket is limited. Youthmarket sells only produce (as opposed to baked goods or prepared foods) and what is on offer fluctuates with the seasons. For instance, by October the market sold about half as many items as it did in August, and a much more limited selection of fruit. The initiated know that seasonal flux is an essential part of a farmers' market, but for people in the neighbourhood, returning to the market to find that there are no longer tomatoes or corn because they are done for the season, or that a cold snap killed all the collard greens, is profoundly disappointing. Most outrageous was that at the market the week before Thanksgiving there were no sweet potatoes: the supplying farms recognized they could sell their entire crop for higher prices at Union Square or other markets, so they offered none at wholesale prices to Greenmarket Co. Indeed, that week I saw sweet potatoes for sale for $3 a pound at a Greenmarket on the Upper West Side of Manhattan—they usually sold for $1 per pound at the Youthmarket. This lack of consistency undermines the ability of the market to serve its food access goals.

A third concern is that the Brownsville Partnership's vision of the market as a safe and active community space is thwarted in part by the strict rules that govern Greenmarket and are extended to Youthmarket. Staff at the Brownsville Partnership designed the market to be an active, engaging space. For all of the activity at the market, there was also a great deal of downtime when there would be no customers. During these stretches, many people would walk by and show no interest in the market, which was dispiriting for the youth. Though they often blamed the environment (too hot, too cold, too dark), part of the reason the market did not

attract customers was because it was small and did not encourage gathering: there was no where to sit or loiter, no prepared food or music or activities for children, and the market's small size made it easy to take in the full extent of what was for sale without having to stop walking.

The GrowNYC Brownsville Program Coordinator spoke often about her desire to make the market "more of a destination" by bringing in other vendors to sell things like eggs, honey, dairy, or bread. She attempted to recruit these vendors, but those already in the Greenmarket system were unwilling or unable to add another market to their list, and neighbourhood residents that made jam or baked goods or prepared food in their own kitchens were prevented from selling because of local sourcing rules as well as health code concerns.

Many farmers' markets in New York's low-income neighbourhoods are run by local organizations. These are referred to as "community markets," that is, they are not run by the citywide GrowNYC and are able to set their own rules. Two Brooklyn community markets that I visited as comparison sites were run by East New York Farms (just a little over one mile east of the Rockaway and Livonia Youthmarket in the neighbourhood of East New York) and a market in Bushwick run by an organization called EcoStation. These markets are gathering spaces with a lively community feeling. They have prepared food and places to eat it, music, activities for kids, and a variety of neighbourhood vendors selling crafts, cakes, beauty products, and other things. The big difference is that East New York Farms and EcoStation are a much stronger, more established organizations than the

Brownsville Partnership; they have the capacity to run their own market and do not need to rely on a partnership with GrowNYC.

Why Maintain that Youthmarket is a Business?

As the Youthmarket must operate under the constraints set by GrowNYC, it does not have the freedom or flexibility to run as an autonomous business. And indeed, there is a clear tension around whether or not the Youthmarket actually is a business. It is certainly *business-like*: it is a retail space, selling fruits and vegetables in a standard, commercial way. But as part of the nonprofit GrowNYC, it is also, undeniably, a *program* intended to increase access to fresh fruit and vegetables in an underserved neighbourhood, employ local youth, and create a lively public space. Because the produce that is donated to pantries and soup kitchens (and taken home by the youth) is counted amongst Youthmarket's benefit to the community, and because the total net revenue from 2013 is just shy of $8,000, the idea that the Brownsville Youthmarket is a business seems not quite right. In practice, running the market like a business hinders its ability to meaningfully improve food access in Brownsville.

The main locus of this tension is prices. As mentioned before, there is a standard 100% markup on the produce. And as described above, these prices are often met with incredulity. Neighbourhood shoppers find them far too high. And though the youth and the market manager might decide towards the end of the day to lower the prices on items not selling well, this is always an ad hoc, case-by-case decision; the premise of the 100% markup goes unchallenged.

Aaron,[44] who oversaw the whole Youthmarket program for GrowNYC (and also managed one Youthmarket), spoke to me on multiple occasions about his stance that the market was a business. He was against lowering prices because the unsold items got donated anyway. For Aaron, refusing to lower prices was an indication that the market could—and ought to—be profitable. Further, he did not stress the primacy of increasing food access as the market's mission. In his mind, Youthmarket had no particular obligation to sell food for prices people could afford or feel comfortable with—as long as the food did not get wasted, it did not matter that people were excluded from making use of the market.

Aaron was quite vocal about his desire for the Youthmarket to be a self-sustaining business, as he was frustrated with the nonprofit model and believed that the program was far too beholden to grants. He was optimistic that Youthmarket could pay for itself. He did not expect Youthmarket to be profitable, but he did think it could be revenue neutral and, after an initial public investment, he thought that it should be able to pay for itself. Before the 2013 market season was over, Aaron left GrowNYC to work for a for-profit local food company.

Some particular elements make it clear that the market is most certainly *not* a business: for instance, though the youth place an order at the end of every market day, they do not have complete control over what they sell. Often, the produce delivery includes items left over from Youthmarkets earlier in the week, boxes of produce rejected by stores that order from Greenmarket Co., or items being cleared out of the warehouse to make room for new stock. Sometimes these boxes of fruits

[44] A pseudonym

and vegetables end up on the market's invoice and sometimes they do not. While this affects the calculation of daily profit, the difference in what was supplied as opposed to what was ordered is considered when placing the next week's order.[45] These sources of "extra" produce for the market illustrates how tightly interwoven Youthmarket is with the wider work of the nonprofit GrowNYC and also how the market is certainly not a stand-alone business making rational business decisions. Having extra produce is not a problem for the market—it either gets sold, often at lower prices, or donated to the churches and pantries in Brownsville—but it is an indication that the youth and the BP do not have complete control over their market's operations.

One Saturday in August, because of a mix-up, the Greenmarket Co. delivery truck did not show up until 10:30, two hours late. That day, the market closed with a great deal of leftover produce, yet no one seemed upset about the lack of sales as a result of the misunderstanding. Abigail and the youth knew that the low sales numbers were not their fault, the Youthmarket was not responsible for the lost revenue, and no one's salary would be affected. This too underscores that the market is a social program rather than a for-profit business.

What is the Youthmarket, then? It is closest in form to what Project for Public Spaces and Columbia University's Institute for Social and Economic Research and Policy (2012) term a "social mission market," a farmer's market intended to serve

[45] The youth are instructed not to reorder an item if they do not break even on it by selling at least half of what was ordered—10 pounds of a 20-pound box of apples. But, for example, if one 50-pound bag of onions was ordered but two were received, they would only be required to sell at least 25 pounds worth of onions to make that minimum. When filling out the next week's order form, someone would be sure to remind the group that they had received 100 pounds but only ordered 50.

food access or other community goals and primarily funded by grants, donations, and other fundraising. Still, even in this model, the individual vendors are farmers trying to make a profit, even if the market organization is not profit-seeking. In the Youthmarket case, the market entity is not separate from the vendors. The farmers make money when Greenmarket Co./Youthmarket buys the bushels and crates of produce. The Youthmarket could, theoretically, operate at zero profit from sales without hurting the farmers. GrowNYC's funding comes from a variety of sources—including foundations, corporations, individual donors, government contracts, Greenmarket fees, and fundraisers—and its programs are not required to pay for themselves. In 2013 GrowNYC's total operating revenue was $9.4 million dollars, $1.9 million of which was spent on "Hunger, Farmer Development, and Food Projects." (GrowNYC 2013).

In essence, Youthmarket only *pretends* to be a business, though it holds to certain businesslike elements that make it difficult for the market to succeed as a food access project. Rather, the market could lower its prices to match (or undercut) local supermarkets, allow customers to barter, permit youthmarket staff to adjust prices as they see fit, or make a pay-what-you-can system possible. It is in moments of acting *unlike* a business, the market is best able to exist as a food access program.

One particular episode highlights the necessity of such an approach. Late on a Friday afternoon, an older lady approached the market, started selecting food, asking the price, putting things in her "cart" and then taking them out as we added it all up. She said she had $4 to spend and I asked her if she had a coupon—meaning an FMNP check—and she said yes. When she decided on $4 worth of vegetables, she

handed me her EBT card. I told her that if she spent $5 she would get a $2 Health Buck coupon, and so she added $1 worth of eggplant that we had previously taken out of the mix. I ran her card and it was declined, showing that it only had a balance of $4.03 on it. I was flustered as I tried to explain to her my confusion, asked her to put the eggplant back, and then ran the card again for $4. She apologized for her own confusion, and said she would be back when she had more money on her card. As she walked away, I felt bad that I did not just let her have the eggplant, knowing that we would have excess at the end of the day. I explained what had happened to Abigail, and she told me that when EBT cards come up two or four dollars short, she sometimes takes money from the Health Bucks envelope and puts them in the cashbox as if they were Health Bucks received. Though it seemed to me that Abigail would be less likely to be caught if she just gave away the food, manipulating the Health Bucks would allow the market to increase revenue; Abigail knows that the Health Bucks are funded by the DOH.

Another example of this sort of activity is shown when trying to make shoppers' selections add up to $4 so they can use their FMNP checks. The USDA mandates that vendors are not permitted to give change for these, but the pricing of items often made it difficult to hit exactly $4. In response, many of the youth, as well as the market managers, gave people more than their coupons allowed. For instance, if someone had selected $3 worth of vegetables, they would add in a bunch of kale for $1.50, and take the $4 FMNP check as payment. No one sees any value in letting people waste their FMNP dollars.

Those who work at the Youthmarket have a desire to ensure that people do take home the produce that the market brings into the neighbourhood. And, they wish to preserve the dignity of people whose EBT cards or FMNP checks are "maxed out." These situations are possible because of Youthmarket's unique position: the market gives out Health Bucks as a community organization (usually at cooking demonstrations when people sample the dish), and also accepts them as payment. If the market were able to better adjust its prices to meet local need, such small acts of manipulation would not be necessary. Further, as there is often a great deal of produce left over at the end of the market, finding ways to distribute it through a transactional exchange—by lowering prices throughout the day in order to sell it all— rather than donating it to a pantry, would allow for more people to have access to food that they choose through a system that more closely resembles typical shopping.[46]

One possible reason for treating the market as if it is a business lies in the youth development goals: training these young people in the skills to run a business. Indeed, the youth are quite business-minded about the process of pricing, choosing to raise the prices of some goods and lowering the prices of others to maximize revenue. On one afternoon, where a woman simply walked away after hearing the prices, the market manager responded to the encounter by saying "we are never going to be priced competitively, we have to focus on quality" and convince people

[46] The growth in popularity of the "customer choice" model for food pantries where people are allowed to select the items they want highlight the growing understanding of the importance of dignity in food access work. (Remley et al. 2010; Remley, Kaiser, and Osso 2013; Ohio Association of Second Harvest Food Banks 2014)

that it's worth spending the extra money on the Youthmarket produce. He said: "I know I'd rather spend a dollar or two more for something I know is good quality." Here, Jason indicates that he sees the Youthmarket as a food business—the type championed by Michael Pollan (2007) and other alternative food advocates—that appeals to people seeking quality and a respite from mediocre, conventional food. This is different from seeing the Youthmarket as a way to increase access to fresh, healthy food in Brownsville because it implies that people should be willing to pay *more* for Youthmarket food, and that affordability is not a primary concern.

Another possible reason rests on the premise that the lack of good food in Brownsville is a market failure. That is, a belief that the reason that local businesses do not sell the healthy, high-quality products that people want is because store owners do not believe that it would be a profitable choice in a poor neighbourhood. By selling fresh fruit and vegetables in Brownsville, Youthmarket is trying to demonstrate that such a business strategy can be successful. When the Youthmarket is understood as a response to a problem of market failure its identity as a business is important to its success.

In any case, the continued premise that the Brownsville Youthmarket ought to be a business—a mini Greenmarket—goes unchallenged. Though everyone involved—GrowNYC staff, Brownsville Partnership staff, the youth—expresses concern and dismay about the prices, changing the operating principle of the market and understanding it for what it is—a food access *program*—is never raised.

One afternoon, Abigail and I were talking about the burden of managing multiple food assistance currencies, as SNAP, WIC, and Health Bucks all have

different rules about how they must be spent (again, see Table 4). Abigail made the point that the public food subsidies are spent at the Youthmarket, which is itself primarily publicly funded. She noted that the Youthmarket was one of the only places where people could spend their FMNP checks locally and referred to the market as a social program meant to support a different social program. On one occasion, a woman asked at the market "do you *only* take WIC [FMNP] checks?" The youth were quick to assure her that they also accepted cash, credit and debit cards, and EBT. Still, her willingness to accept the idea that we might only take the FMNP checks shows that understanding the market as a social program is not outside the bounds of acceptability to its customers.

A Successful Farmers' Market in a Low Income Neighbourhood

I return here to the three community-level factors[47] that Young et al. (2011) identify as essential to a successful farmers' market in a low-income neighbourhood: 1) a community-based partner, 2) a good location, and 3) a strong understanding of the food retail environment. These criteria were arrived at after studying more than 30 farmers' markets in the Philadelphia area operated by the Food Trust, over 75% of which are located in low-income communities. By considering the Brownsville Youthmarket in light of these authors' research, we can see how the constraints in which the Youthmarket operates impinge on its ability to improve food access—

[47] "Community-level" is used to distinguish these factors from city-wide factors that could facilitate or impede the development of farmers' markets, such as permitting.

particularly with regards to affordability—in Brownsville, and provide recommendations for improving these program.

The first of the three essential factors is for the market organizers to have "a community based partner committed to advocating for a farmers' market" to provide deep knowledge of the particular neighbourhood and to take responsibility for marketing and outreach for the market (Young et al. 2011 p. 210). As described above, the Brownsville Partnership is not nearly a strong enough partner. It does not have enough staff resources to work with the GrowNYC Brownsville Coordinator, and it does not have a strong enough connection with adults in the community to engage in true promotion and outreach. Once the sites were chosen and the youth were hired, the Brownsville Partnership had minimal interaction with the market. At no occasion, for example, did staff from the BP use the market as a site to promote their services or programs, and nor did the BP ever purchase food from the market for the organization's events as a way to promote the market.

The second factor is a physical environment conducive to a thriving farmers' market. Young et al. (2011) describe this as a visible location with available gathering space; a site with high pedestrian traffic and good car, transit, bicycle, and pedestrian access; and a place with amenities like shade, trees, benches, bike racks, water fountains, restrooms and trash cans. The sites where Youthmarket operates do not rise to this ideal. Though the Friday market's location underneath the elevated subway station makes it accessible to public transit, the site was chosen primarily because of a desire to give that high-crime intersection a different association. Still, the police officers that are constantly stationed on the corner cast a

pall of suspicion and surveillance over the area—one Friday, on a cold day late in the season, one of the Youthmarket staff was arrested for jaywalking while crossing the street to get a cup of tea at a bodega.[48] The noise from the elevated subway makes it difficult to hear customers, and the market is positioned in front of a large, mostly empty parking lot, which gives the site a sense of desolation, despite there being quite a few bodegas and fast-food outlets across the street on both Rockaway and Livonia. The Saturday market is on Pitkin Avenue, Brownsville's main commercial corridor, which is a much more lively site, but the sidewalk is very narrow and the market must jockey for space with other users (including a gospel CD vendor who played his offerings at quite a high volume). In both cases, there are few of the suggested amenities found at the sites of many other markets: no shade, picnic tables, restrooms, or water fountains—nothing, other than vegetables for sale, to invite people to gather, linger, or participate.

The third—and probably most important—aspect of a successful famers' market in a low-income community is a thorough understanding of the food retail environment of the neighbourhood, primarily the price, quality, and availability of other food options. Young et al. (2011) specifically state that in low-income neighbourhoods, farmers' market prices need to be lower than those at nearby grocery stores and "product mix should be tailored to focus on basic foods at affordable prices" (p 209). It is here where the Brownsville Youthmarket's failing is most apparent. Though the quality of the produce is excellent, the availability of

[48] See the New York *Time's* coverage of the NYPD's strategy of "omnipresence" (Farrell 2014; J. Goldstein 2014).

desired items is scattershot and prices are consistently higher than at the stores where people usually shop which causes dismay and disappointment amongst shoppers and potential customers.

Conclusion

The Brownsville Youthmarket is an example of using a farmers' market to intervene in the food retail environment of a low-income community underserved by fresh and healthy food retail. Farmers' markets are popular strategies for improving the food environment, as described in Chapter Three. They are relatively quick to establish, do not require the construction of new buildings, can partner with a variety of community and non-profit organizations, are eligible for specialized food supports (such as the WIC and Senior FMNP checks), provide jobs to local residents and training opportunities for youth, give economic opportunities to neighbourhood entrepreneurs, and have a hand in creating lively and safe spaces in disadvantaged neighbourhoods.

It is incredibly important to note that the Brownsville Youthmarket is wonderful in its small way: It provides jobs to youth, usually breaks even on the produce it sells, provides a place for seniors and mothers to spend their FMNP dollars, and is a space for informal intergenerational conversation about how to prepare collard greens, kabocha squash, and *sofrito* as the youth chat with shoppers. Leftover produce is donated to neighbourhood food pantries and taken home by the Youthmarket staff, some of whom are the only employed people in their households.

However, this chapter shows that simply establishing a market in a neighbourhood does not instantly and radically improve food access. The

Brownsville Youthmarket constantly grapples with availability and affordability of the produce it sells, the needs and desires of neighbourhood shoppers, the rules set forth by GrowNYC as the market's organizing entity, and the inability of the Brownsville Partnership to provide essential community-level support. The market is marked by tensions, none of which are easily resolved.

Chapter 6: Shop Healthy. Healthy Corner Stores Intervention

From the outside, the bodega on Rockaway Avenue in Brownsville, Brooklyn, looks like any other. Pictures of sandwiches and drinks fill the window, a large sign reads "We accept EBT/Acceptamos EBT." Inside the store are racks of chips and chocolate bars, and a shelf full of 2-liter bottles of soda. Aisles contain canned goods, cat food, bags of flour, sugar, and corn meal. There are coolers along one wall with all the usual beverages: 16 oz. bottles of Coke, Pepsi, Mountain Dew, ginger ale; tall cans of Arizona iced tea; beer. The other wall is mostly a deli counter with cheese and meat displayed in the cooler, and food—sandwiches, burgers, French fries—made to order, dished out in Styrofoam boxes. The store is busy and the woman behind the counter knows everyone by name; she greets them and chats as she rings up their snacks and sells lottery tickets and cigarettes.

But those with a trained eye can see that this bodega is making an attempt to provide its customers with items that are a little healthier. The push/pull sign on the door is bright white and in clear magenta letters it declares: Shop Healthy Here! A similar sign is stuck to a box of onions tucked into the corner, the price of $1.49/lb written on top of the lamination with white-board marker. The menu of options at the deli counter boasts a healthy combo deal: turkey on whole wheat bread with an apple and a bottle of water. By the cash register sits a basket holding a few bananas and a small pyramid of oranges. This bodega is a participant in Shop Healthy, a program to increase the prevalence of fresh fruits and vegetables—and other healthy food items—in New York City's high-need areas.

This chapter discusses New York City's Shop Healthy Program as an effort of New York City's Department of Public Health to expand access to fresh and healthy food in

underserved communities. Chapter 5 looked at farmers' markets as a non-supermarket intervention, this chapter looks at one example of what are typically called "healthy corner stores" initiatives, a different type of non-supermarket strategy to increase food access. Part one describes the Shop Healthy Program as a whole. It begins with a rough outline of Shop Healthy, describes the various iterations the program has gone through since its conception, and describes the program in its current state, contrasting how Shop Healthy has been put into action differently in the Bronx and Brooklyn. Part two presents the Adopt-a-Shop component of the program, which is the aspect of Shop Healthy that attempts to directly involve local residents in improving their food environments. In this section, I consider three rationales for Adopt-a-Shop—community involvement, program longevity, and creating demand. I then look at what types of residents and community groups have and have not taken on the work of "adopting" shops. I conclude by suggesting that Shop Healthy is small in scope and in impact, but it reveals a great deal about how Department of Health staff conceptualize the problem of food access and how this shapes the solutions they design.

I: Shop Healthy

The Shop Healthy initiative is New York City's version of a "Healthy Corner Stores" program. It works with bodega owners in the city's zones of "high supermarket need" and assists them in stocking, displaying, and promoting healthy food. Shop Healthy urges bodega owners to make specific changes, including offering fruits and vegetables,

displaying bottled water at eye-level in the drink coolers, stocking low-sodium and no-sugar-added canned goods, and selling healthy snacks.[49]

Background (As *Healthy Bodegas*)

The New York City Department of Health and Mental Hygiene (DOH) introduced Shop Healthy in 2006 under the name Healthy Bodegas. The impetus for the program came out of research done by District Public Health Offices (DPHO) on healthy food availability in their catchment areas. These District Public Health Offices are branch offices of the central New York City Department of Health established in 2002 in Brooklyn, the Bronx, and Harlem in order to implement public health programming directly in the communities that need it most. The DPHOs have the autonomy to do research, implement programs, and apply for grants—especially those that are granted at the county level, given that each borough of New York City is a separate county (see Figure 8).

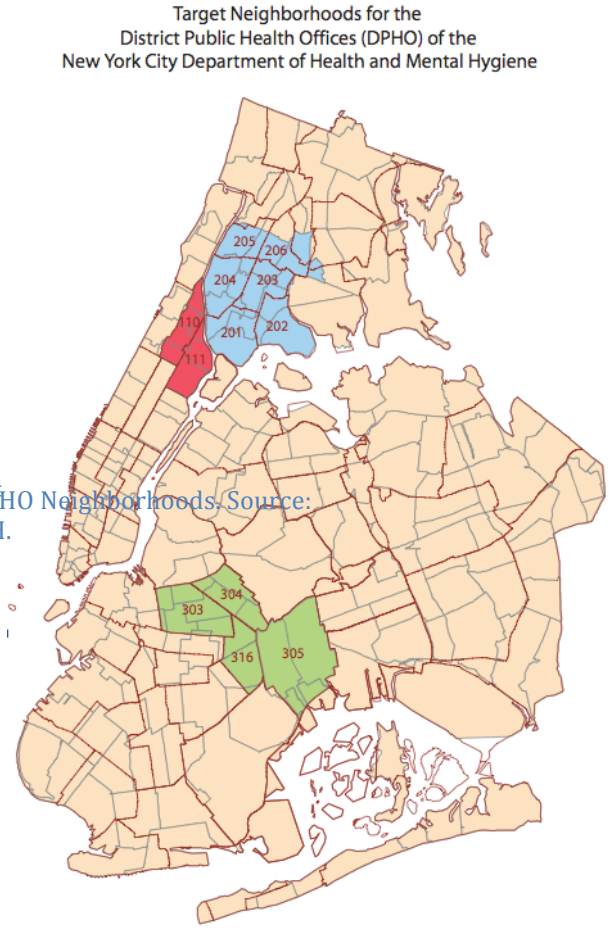

Figure 4: District DPHO Neighborhoods. Source: NYC DOHMH.

In the early 2000s, the DPHOs and the Central DOH conducted a series of food environment studies that found that the DPHO areas had relatively few supermarkets, but a

[49] There is also a nascent element of Shop Healthy that works with food distributors to identify healthy food earlier up the supply chain and make it easier to get it into bodegas; this is in its very early stages and is not discussed here.

great number of bodegas. A 2006 Brooklyn DPHO report showed that in Bushwick and Bedford-Stuyvesant, bodegas constitute 80% of all food stores, and that bodegas are less likely than supermarkets to carry healthy foods, specifically fresh fruits and vegetables, but also whole-grain bread and low-sugar snacks (Graham et al. 2006). The Healthy Bodegas program's goal was to increase availability of healthy food items in these corner stores. Healthy Bodegas was framed by the Department of Health as a program that would intervene in both the *food environment* as well as *increase demand* for healthy food by residents of these high-need neighbourhoods. As the 2010 Healthy Bodegas report explains, the goal of the program is "to boost the availability of and demand for healthy foods in New York City neighborhoods with the highest rates of poverty and chronic disease" (Department of Health and Mental Hygiene 2010). [50]

Healthy Bodegas began with 15 stores: 5 in each of the 3 DPHO areas. The pilot program focused on making 1% milk and snacks of apple slices and carrot sticks available in bodegas. When the program received a grant from the Center for Economic Opportunity[51] in 2007, the initiative expanded to reach one thousand bodegas, and the strategy was updated to encourage stores to stock a greater variety of unprocessed produce, low-sodium and low-sugar canned goods, and to obtain permits to sell vegetables and fruit outside the stores (Center for Economic Opportunity 2008).

The Department of Health learned two important lessons from these first phases. First, 1,000 bodegas was too many to work with, and second, bodega owners were hesitant

[50] A 2013 guide to the program puts it even more simply: "Shop Healthy NYC addresses supply and demand" (New York City Department of Health and Mental Hygiene and NYC Center for Economic Opportunity 2013a)

[51] A department in the Office of the Mayor that funds and implements anti-poverty initiatives across the city. In 2009 it funded Healthy Bodegas for $180,000; the amount they awarded the program in 2007 is not known.

to stock items without knowing for certain that customers would buy them. The response to both of those issues was to focus more intensely on a smaller number of bodegas and to involve community partners in the project in order to extend the reach of the Health Department and ensure a consumer base for the "improved" bodegas. In Brooklyn—where most of my Shop Healthy research has taken place—the District Public Health Office began to work intensively with 10 bodegas in East New York (the neighbourhood adjacent to Brownsville). It conducted an in-store training program, surveys with the owners, and bi-weekly store observations to track store changes. It also held a number of events outside the bodegas, such as cooking demos and tote-bag giveaways, to attract and engage passers-by. Lastly, it engaged schools and community groups to help recruit stores and promote the healthy bodegas once they were selected.

The Current Iteration of Shop Healthy

In 2012, the program moved beyond working only with bodegas by expanding to include some supermarkets and involving community groups; at that time, the name was changed from Healthy Bodegas to Shop Healthy to reflect the change in strategy (NYC Center for Economic Opportunity 2013).

The current iteration of Shop Healthy identifies seven specific healthy changes that stores are encouraged to make (see Figure 9): move fruits and vegetables to the front of the store, place water at eye level, offer a healthy sandwich combo, post marketing materials for healthy foods, stock low sodium and no-sugar canned goods, stock at least two healthy snacks, and remove all advertising from the front door and replace it with a "Shop Healthy" decal.

Not all participating stores make all seven changes. A report on the city's health programs for 2012-2013 states that of 182 stores were approached, 146 had begun promoting healthy foods, but only 83 agreed to meet all Shop Healthy criteria. The report does not say how many of those 83 stores actually made all the improvements (NYC Center for Economic Opportunity 2013). The previous year, of 175 participating bodegas in the Bronx, 45 met all seven criteria and were honored at a ceremony with the Bronx Borough president.

It is difficult to count the exact number of stores involved in the Shop Healthy program. Though some numbers are provided, such as those in the NYC CEO report just mentioned, it is unclear if these data are cumulative or yearly, or for how long a shop is

Figure 9: Shop Healthy's Seven Improvements. Source: Brooklyn District Public Health Office

counted as being a participant. The DOH also makes the "Shop Healthy Here" materials (posters, door decals etc.) available for free, and allows any store that wants to display them to do so. Another factor complicating the counts and understanding the full scope of the program is the fact that there are different approaches to store recruitment and program implementation in different parts of the city.

Though the implementation of Shop Healthy is organized around very specific changes that stores are asked to make, the larger narrative of the program is about making broad changes to the food environment to improve access to healthy food and thus, to health outcomes. The mandate of the NYC Department of Health to change the food environment was a point constantly stressed by my respondents. For instance, an employee at the Brooklyn District Public Health Office explained:

> [W]e had a charge to address the environment—that being said, some of our community activation events were definitely educational in nature, but [our task was] to *change the environment* that would *then influence personal behaviour change*. So what is appealing about this model is that instead of educating the person to tell them what choice they should make, it's actually making a healthy choice an easier choice or the first choice they make. (my emphasis)

And another:

> [T]here's nutrition classes and we need to educate people on how to be healthier, but the fact is that a lot of these communities…there are not healthy options. You can educate people all you want, but it puts the onus on the individual, so I think when people think about improving, addressing the obesity epidemic and improving people's nutrition, that's the first thing they think about. What we as the DOH try to do is to push them how to think about creating parks or bike lanes or green space or supermarkets or nutrition or things like this, and *try to take that pressure off the individual*. (my emphasis)

Shop Healthy is part of a larger constellation of NYC DOH strategies to improve health through the built environment which has been a priority since about 2006. (See Chapter 3 on the links and divisions between public health and urban planning). These

strategies include the Food Retail Expansion to Support Health program, a set of zoning and tax incentives to spur supermarket development, and the creation of the Center for Active Design, which published the *Active Design Guidelines* for encouraging physical activity through urban design.[52] The Director of Nutrition and Physical Activity for the Brooklyn DPHO explained that the current "really big push in the health department is policy systems and environmental change. So we're trying to find opportunities that change the environment."[53] This orientation is not unique to the New York City Department of Health; it is prevalent nationwide.

This prevalence is evident in the program's funding sources. Significant funding continues to come from the NYC Center for Economic Opportunity; Shop Healthy has received between $180,000 and $182,000 each year since 2009 (NYC Center for Economic Opportunity 2013; NYC Center for Economic Opportunity 2011; NYC Center for Economic Opportunity 2010; NYC Center for Economic Opportunity 2009). Shop Healthy is also funded by the Centers for Disease Control's "Communities Putting Prevention to Work" grant which, like the Creating Healthy Places grant discussed in Chapter 5, funds projects that promote healthy eating and physical activity using environmental change to address health problems such as diabetes, heart disease, and stroke (Centers for Disease Control and Prevention 2013a). In 2010, NYC was awarded $15.5 million for obesity prevention

[52] Both of these are collaborations with the Department of City Planning.

[53] This strategy is elaborated on in Richard Thaler and Cass Sunstein's popular book *Nudge* (2009). In this book, the authors use the phrase "Libertarian Paternalism" to describe their approach as one that guides people to make the right (here, the most healthful) choices, but does not constrain anyone's freedom to make whatever choice they wish. For a description of how nudging has made its way into policymaking, see Bennhold (2013); for Sunstein's own take on how nudges apply directly to New York City's healthy food initiatives, see Sunstein (2013).

work, some of which was meant to continue the DOH's work on improving access to healthy food through bodegas.

In practice, the Shop Healthy Program has been implemented differently in the two boroughs that have taken it on.

The Bronx: Zip Code by Zip Code

In the Bronx, the central office of the Department of Health—rather than the District Public Health Office—runs Shop Healthy. The strategy there has been to select a high-need zip code (based on health data and bodega prevalence) and then reach out to every bodega in that area. In 2012, the DOH reached out to all the bodegas in the zip codes of 10458 and 10450 which comprise to the neighbourhoods of West Farms and Fordham. They contacted 220 stores and enrolled 175 stores in the program.[54] In 2013, they moved on to 3 new neighbourhoods: Mott Haven, Hunts Point, and Longwood. DOH employees told me about their commitment to "do sustainability" with the stores and communities in the zip codes from the first wave, which was explained as continuous but occasional support, checking in with bodegas, helping groups who had adopted bodegas with recipes for cooking demos and encouraging them to continue doing various events at the stores.

The DOH employee responsible for Shop Healthy said that some of the other cities that have come to her for advice in implementing something similar have only 200 bodegas in their entire city: "If we were working somewhere else we might have a totally different approach. We could work with every single store!" The approach that the DOH is taking in

[54] As mentioned above, 45 of these stores met all 7 criteria and received proclamations from the Bronx Borough President. (see Fahim (2010) for more on proclamations).

the Bronx is to saturate some of the high-need neighbourhoods with healthy food options and healthy food-promoting signs so that healthy food "starts becoming part of your mentality." She also emphasized the importance of "engaging the customer base," a topic I'll return to when discussing Adopt-a-Shop in more detail.

In Brooklyn: Smaller Target Areas

In Brooklyn, Shop Healthy is being implemented by the Brooklyn District Public Health Office (DPHO), which has chosen to work more intensely with fewer stores, picking 5 to 8 stores in target neighbourhoods including Bedford-Stuyvesant, East New York, and Brownsville.

Early outreach work—when the program was still called Healthy Bodegas—was done primarily by the DPHO. In April 2012, employees and interns reached out to bodegas in East New York, conducted baseline observations of current stock, asked shop owners to make the specified changes, and held community events to encourage neighbourhood residents to shop at those stores for healthy items; in total, they recruited seven bodegas to participate. In May they held events at each of the stores: DPHO employees set up tables outside and handed out free tote bags to people who showed they had purchased a healthy item or conducted "dot surveys" asking passers-by to place dot-shaped stickers next to items they would buy from this bodega if they carried it (See Figure 10).

Though the work was done by the DPHO, it was promoted as well by East New York Farms (ENYF) a long-standing and well-known community organization that focused on improving food in the neighbourhood. ENYF has been an important community partner to the DPHO. For instance, ENYF sent an email to their list in May 2012 advertising the events:

> There will several Healthy Bodega community events in East New York this month. All events will take place at stores that are carrying a new, wider variety of healthy items including fresh produce, whole wheat bread, low-sodium canned goods, and no-sugar added beverages. Events will be from 3pm-5pm, and include a recipe demonstration, interactive survey, incentives and raffle give-away (East New York Farms 2012).

Still, the DPHO recognized that greater community involvement in the campaign to improve bodegas was required, especially because bodega owners found the program challenging: they followed the program at first but then they slowly stopped, putting "chips in the place of fruits," because they were worried about making enough money and put greater priority on stocking and displaying what customers actually want to buy. Part of the reason for the dot survey was to collect data that showed customers *were* interested in buying low-fat milk, whole wheat bread, low-salt canned goods, and fruits and vegetables,

ure 10: DPHO Healthy Bodega Outreach. Photo: Dory Kornfeld

and to give these data to bodega owners.

Rather than take a zip-code by zip-code approach to recruiting bodegas to cover a wide swath of land, the Brooklyn DPHO has been more targeted, working more intensely with a small number of stores in certain high need areas. One Brooklyn DPHO employee told me that they knew they couldn't get every store to change its practices, rather, it would be sufficient—and more attainable—to work towards creating at least one place for any given person to purchase healthy food in the area where they live or work.

II: Adopt-a-Shop

When Healthy Bodegas became the more expansive Shop Healthy in 2012, the largest change to the program model was the introduction of the Adopt-a-Shop program, a structured guide for community involvement (Figure 11). This section discusses the Adopt-a-Shop component of Shop Healthy, and looks at the three rationales for the Adopt-a-Shop model as presented by DOH staff: community involvement, program longevity, and creating demand. Exploring these rationales provides a way to explore how DOH staff understand the problem of food access in underserved communities. I then look at what types of resident and community groups have and have not taken on the work of "adopting" shops, with special attention paid to the way the program is present in Brownsville. The discussion of Adopt-a-Shop here pertains primarily to Brooklyn, though data collected from interviews with the central Department of Health as well as materials provided by the DOH contribute to the analysis.

The first iterations of Healthy Bodegas/Shop Healthy made it clear that neither the Brooklyn DPHO nor the Central DOH office had the ability to work closely enough with the

Shop Healthy Here!

Adopt-a-Shop today
Shop healthy tomorrow!

When:	**Wednesday, November 28, 2012**
Time:	**3:00 pm - 5:00 pm**
Where:	**Brownsville Public Library** **61 Glenmore Avenue** **Brooklyn , NY 11212**
RSVP:	**Please RSVP by Wednesday, November 21, 2012** **to 646-253-5618 or creatinghealthyplace@health.nyc.gov** **Include name of school and name of two attendees.**

At the workshop we will:

- Learn strategies to approach and build relationships with store owners,
- Identify neighborhood corner stores that your organization could adopt,
- Decide on healthier foods your organization would like stores to stock,
- Create an action plan to work with neighborhood corner stores.

Light refreshments and Adopt-a-Shop toolkits provided.

Hosted by the
Brooklyn District Public Health Office (NYC DOHMH)
and the Brownsville Partnership

CREATING HEALTHY PLACES

Brownsville BP Partnership

NYC Health

ure 11: Adopt-a-Shop Workshop Flyer. Source: Brooklyn DPHO

bodegas to make changes that would last for the long term. This was due to both a lack of staff capacity and the distance of these offices from the real life of the neighbourhood, both geographically and culturally. The DOH and the BKDPHO introduced Adopt-a-Shop as a component of Shop Healthy in order to address these issues, recruiting neighbourhood partners such as schools, churches, and community organizations to select a specific bodega (or a set of bodegas) and encourage the store owners to carry the healthy food items that the DOH promotes. Groups choose a store, introduce themselves and the project, request that the store stock a healthier item and demonstrate that people are interested in that item by collecting healthy item request cards (Figure 12) and/or bringing community members on organized trips to the adopted bodegas to request healthy products. Groups

ure 12: Adopt-a-Shop Postcard Campaign. Source: Adopt-a-Shop Guide (2013)

are then required to promote the store, such as putting up a poster in the local school or community centre advertising the store; and they must hold activities at the store, such as a cooking demonstration or a healthy food taste test. All of these steps are required, and were chosen by the designers of the program because they were thought to be meaningful and effective changes that could be achievable by community members.

Adopt-a-Shop workshops are held periodically in the neighbourhoods in the DPHO areas.[55] These workshops begin with a DOH nutritionist or dietician explaining the health profile of the food available in a typical bodega and comparing this, unfavorably, to the USDA's recommended nutrition guidelines. In the second half, the facilitator explains the process for adopting a bodega. There are five steps to shop adoption: 1. identify a store, 2. assess the store's inventory and environment, 3. propose changes to the store owner, 4. hold activities to support the store, and 5. promote the store in the community (New York City Department of Health and Mental Hygiene and NYC Center for Economic Opportunity 2013b). The facilitator provides participants with materials to help them through the adoption process with their organizations: the Adopt-a-Shop guide (which lists and explains these steps in detail), worksheets for brainstorming what shops to adopt and what healthy options are missing, sample scripts for talking to store owners, lists of healthy foods to request, and a store observation survey that participants can conduct in step 2 and again after the changes have been implemented.

The workshops are held in partnership with local organizations which do much of the outreach, and the meetings are open to the public. The attendees vary from

[55] In Brooklyn, these are Bushwick, Bed-Stuy, East New York, and Brownsville. I attended Adopt-a-Shop workshops in East New York, and Brownsville.

neighbourhood to neighbourhood. For instance, the Brownsville Adopt-a-Shop workshop was held at a branch of the Brooklyn Public Library, the sponsor organization was the Brooklyn Partnership and the attendees were the BP's Community Planning Partners[56] as well as the Brownsville Youthmarket employees. The East New York workshop that I attended was held in a boardroom at a medical centre and the attendees were all public school teachers who were planning to adopt shops with their classes; they had been recruited by the DPHO's school wellness coordinator.

Why the Adopt-A-Shop Model?

A number of rationales support the Adopt-a-Shop model: community involvement and empowerment, program longevity, and nutrition education and demand creation, each of which I will discuss below. This three-fold rationale is best exemplified by a Brooklyn DPHO employee who explained to me the point of the Adopt-a-Shop trainings:

> They were multi-purpose. One [reason] was to educate about the initiative and empower community groups to adopt their own bodegas, another reason was to introduce them to the bodegas that were already doing the work and potentially have them patron[ize] those, and the third reason was to really just learn about different types of healthy food outlets in their neighbourhoods.

Community Involvement and Empowerment

Community Participation is the principal reason given for the Adopt-a-Shop component of Shop Healthy. The program's creators understand that a program intended to improve the food environments in underserved neighbourhoods ought to involve those that live in those neighbourhoods: both because participation from community members

[56] Community Planning Partners are residents of Brownsville that the BP (whose leadership staff are not from the neighbourhood) hires to work in the community. I discuss the Community Planning Partner program in Chapter 5.

would extend the DOH and DPHO's capacity to do their work and because community involvement would shape the program to fit the neighbourhood best and make the program more effective. However, an ideal of community *empowerment* also runs throughout this reasoning: DOH employees hope to strengthen communities and build capacity through citizen involvement.

The notion of empowerment is offered to attendees of Adopt-a-Shop workshops: at one, the DOH dietician giving the presentation encouraged participants to adopt bodegas, telling them that "we [the DOH] can't do it all, and also we don't live in these communities, if we come in with Department of Health tags and tell store owners about low-sodium canned beans it doesn't mean as much." Similarly, the official Adopt-a-Shop guide opens by telling the reader that "As a consumer, you have the power to work with your community stores and ask for changes. Stores will stock what their customers buy; you can create healthy changes with your wallet." No matter the format, community members are instructed that their participation is key to having healthier food in their neighbourhoods.

Further, community members are constantly told that by adopting bodegas, they are fighting back against the health inequities in their neighbourhoods and that they are the ones making changes. For example, at one workshop, the facilitator declared that "the Department of Health is here to support you, but this is your project!"

In an interview, one DOH employee who works on Shop Healthy explained to me that she sees the initiative *specifically* as an empowerment project: "We're actually trying to empower people to feel like they can make a change in their store… we're saying, 'Fordham, this is your neighbourhood! Take it back!'" Another DOH employee discussed how the community involvement was an important but difficult component of the program:

"The hard thing is [getting] people [to] feel like they can be the change agent, but we want people to feel like they are, they own their community and they can make the change."

The success of this ownership and empowerment strategy is unclear, particularly because of the types of groups who have elected to take part. The Adopt-a-Shop part of the program is targeted to "community groups," a broad category that includes community centres, churches, schools, workplaces, youth groups, seniors groups, medical centres, NYCHA tenants associations, and WIC centres. Not all of these groups have responded in the ways that the DOH and the Brooklyn DPHO had anticipated. The most enthusiastic shop-adopters have been hospitals and individual public school classes.

Program Longevity

The second rationale for Adopt-a-Shop is program longevity—as it was explained to the attendees of one Adopt-a-Shop workshop, "community collaboration creates lasting and impactful (sic) changes." DOH staff constantly state that sustained community involvement is crucial to the ability of the program to continue; that is, for the shops to remain stocked with healthy items after the DOH and DPHO are no longer actively involved. The woman in charge of Shop Healthy at the central Department of Health office put this to me bluntly: "Once we're gone it's very easy for the store to revert to its original way." Another DOH employee explained the importance of community participation this way:

> The whole part of this model is really that we want the community group to be the sustainability piece, so when we leave, the community group, one, has asked the stores to do things that they really want, and then two, that the community group keeps it going.

And by another:

> Once we're gone if people feel like they can take it over themselves we don't have to go back again, which we'll never have time for.

This leaving was described alternately as when the DOH moves to focus on another zip code, as in the Bronx, or when the program is de-funded.

Those who work on Shop Healthy understand that it is unlikely that bodegas' improvements will be permanent. (These improvements are the specific changes the Health Department promotes: availability of healthier products, selling fruit in prominent locations such as by the cash register, keeping advertising for unhealthy items off the doors and windows, displaying bottle water at eye level). In several stores that had been participants in Shop Healthy I noticed that items on the shelves no longer matched the signs advertising healthy products, that refrigerators designated for fresh produce were full of soft drinks or cake.

DOH employees used this fact—that stores would return to their original, unhealthy way without continued attention—to reinforce the community empowerment rationale. As one staff person noted:

> [Adopt-a-Shop] is part of this movement of getting people to feel like they play a role in [food] access in their neighbourhood and there is something they can do about it. Slowly they are seeing more farmers' markets, going to cooking demos, seeing more Green Carts, seeing the Shop Healthy signs, knowing you can ask your store for healthier things. It's a decade long kind of shift in the way neighborhood looks and also how people feel about how they can engage with it.

Nutrition Education and Creating Demand

The third reason for the Adopt-a-Shop program is the one that diverges the most from Shop Healthy's stated goals of environmental change. Workshop facilitators present the program to neighbourhood residents as something intended to improve their neighbourhoods. They stress that this improvement will help reverse negative health trends like obesity and diabetes. However, along with training residents on how to work with their local stores, Adopt-a-Shop uses nutrition education as a vehicle for creating

demand for healthy food, which is stressed as an necessary aspect of improving neighbourhoods' food options. As explained by the Center for Economic Opportunity:

> [increasing demand for healthier food] is an essential component of the initiative, as bodega owners are only willing to make changes in their inventory if they quickly see additional profit, or, at the very least, do not see a decline in sales" (Center for Economic Opportunity 2008).[57]

This rationale is operationalized in Adopt-a-Shop in two ways. First, each Adopt-a-Shop workshop opens with a nutrition lesson that highlights the negative health consequences of too much junk food, shows the prevalence of salt, sugar, and fat in typical bodega food, and provides guidance on how to eat more fruits and vegetables and switch to drinking low-fat milk.

However, it is clear that participants arrived at the workshops understanding what a healthy diet looks like and are already interested in improving the bodegas. When asked by the facilitator why they had chosen to attend participants spoke of kids stopping at bodegas on their way to school, buying soda and chips to eat for breakfast. They spoke of the sub-par produce available at local stores. They knew the exact answers to questions posed by the facilitator such as "do you have any guess as to how many teaspoons of sugar are in a 20 oz bottle of soda?" (the answer: 16). This was especially true at the Adopt-a-Shop workshop that was attended exclusively by school teachers and a woman from the Brooklyn Perinatal Health Center.

The second way this rationale is present in Adopt-a-Shop is with the requirement that the shop adopters act as ambassadors of this health knowledge in their communities.

[57] This is also repeated in both the Shop Healthy Implementation Guide and the Adopt a Shop Guide (New York City Department of Health and Mental Hygiene and NYC Center for Economic Opportunity 2013a).

The final step of Adopting a shop is to hold an event at the selected bodega, and the DOH suggests activities such as healthy food taste tests and the demonstration of easy and delicious healthy recipes made with things available in the bodega.

The understanding here is that through these activities, residents of low-income, underserved neighbourhoods will learn the importance of eating healthy, learn how simple and easy it can be, learn about the availability of healthy food in their local stores, and then purchase and consume these healthier items. Thus, the problem presented is not only that healthy food is unavailable in these neighbourhoods, but that local residents lack knowledge of and a desire for healthy food. By educating this group in the importance of healthy eating, they will be able to make proper choices, purchase newly available healthy food, and keep these bodegas profitable.

Who Has Taken On Adopt-a-Shop

In this section, I take a closer look at two groups who have taken on the work of adopting shops in Brooklyn: public school teachers working with the DPHO and the Brownsville Partnership/GrowNYC collaboration. I then look at the difficulties that the program has had recruiting other sorts of community groups, particularly in the Bronx.

As mentioned above, there are five steps to shop adoption:

1. Identify a store,
2. Assess the store's inventory and environment,
3. Propose changes to the store owner,
4. Hold activities to support the store, and
5. Promote the store in the community

All of these steps are required, and DOH and DPHO staff believe that they are the right combination of effective and reasonably achievable by community members. For instance,

when I asked the Brooklyn DPHO's Healthy Schools Coordinator about the ability of teachers to fulfill all the requirements, mentioning that the five steps seemed like a lot work, she responded matter-of-factly saying "I think it's accomplishable. I think they're realistic goals." However, other DOH employees do recognize that "there are a lot of requirements" for community participants and admit that they have trouble getting them all done: one employee at the Brooklyn DPHO stated "It's super labour-intensive for those communities to properly adopt a bodega."

Adopt-a-Shop in Schools

The Adopt-a-Shop workshop in East New York in December of 2012 was attended almost entirely by elementary and high school teachers looking to adopt bodegas with their classes as part of their health and nutrition programming. This group had been recruited by the Brooklyn DPHO's Healthy Schools Coordinator. Teachers and schools have, in fact, been the most reliable partners of Shop Healthy in Brooklyn. This is, in part, because schools are permanent, identifiable fixtures in the neighbourhood, and unlike some neighbourhoods institutions (such as churches), they are open during business hours and staffed by people who will answer the phone when it rings. Shop Healthy employees do not work evenings and weekends, so partners that keep the same hours make for possible partners.

Schools are structurally suited to Adopt-a-Shop: they have many employees and can share the work of organizing and attending meetings. School-based leaders of Shop Healthy include vice principals, parent coordinators, physical education teachers, and science teachers. The Creating Healthy Places to Live Work and Play grant from New York State

that funds the Brooklyn DPHO's Shop Healthy program (as well as the Brownsville Youthmarket described in Chapter 5) includes a provision to re-grant small amounts of money—between $150 and $1500—to schools in Brownsville and East New York in order to carry out programs connecting their wellness initiatives to the larger community. Schools that receive the money are required to attend an Adopt-a-Shop workshop and host a healthy food event at a local corner store.[58] Even though it is a small amount, this money is attractive, and it encourages schools to participate—at the end of 2012 there were 10 schools participating.

The money available for Adopt-a-Shop can lead to more funding and additional opportunities for public schools. At one Adopt-a-Shop workshop, a Brooklyn DPHO employee told teachers that participating in Shop Healthy looks good when they apply for future grants. And while interviewing one teacher in her classroom she showed me her stacks of grant applications and award entries.

> [One grant is] Creating Healthy Places – they gave us $1500, and in this grant they wanted us to establish an activity that the parents and the teachers can get involved in. And for the students…we're trying [get] different grants, Fuel Up 60 and Healthy Kids, I just downloaded the application. They extended it—like I said, everything is due yesterday, everything is. I know everybody's pressured with all this stuff, but it's so hard to write a ten page proposal after you've taught 22 kindergarteners and then go home and you have your own family and we still try, the whole team really really tries because we find it so important…I just finished our other award [application]. We went out for the "Excellence in School Wellness" award from the Board of Ed, don't mind my disaster, I live in total confusion [*referring to the piles of paper and folders*]. There are 3 levels—bronze, silver, and gold. I think the gold might involve money with it, but basically you get a very nice banner that goes outside, and that states to the community that you have worked to achieve a gold status. [*showing me a list of all the school's accomplishments as part of the award application*] These are all the things that we've accomplished. Last year when we applied for the wellness award, we only had the Mighty Milers running

[58] They are encouraged, but not required, to complete all the steps of adopting a shop.

> program, and now look how many different things we've been able to do in one year! Healthy Brooklyn, Grab and Go Breakfast, Creating Healthy Places, Think Breakfast, the FITNESSGRAM[59] for the school, this is the first year that we did 100%.

This long quotation clearly shows the great deal of work this teacher puts in outside teaching time to make the school a good environment for the primarily low-income student body, as well as the way Shop Healthy fits into an already-crowded system of grant applications, reports, and activities.

New York City schools are also required to adopt wellness policies[60] and the Brooklyn DPHO works directly with 35 schools in East New York and Brownsville. [61] Although not officially "adopting" a shop, some of those schools have opted to work with nearby bodegas because of a concern with what students are buying and eating from those stores, which further connects to the Shop Healthy program.

Schools are also productive participants in Adopt-a-Shop via individual classrooms and teachers. Though many teachers live outside the neighbourhood, the school is their workplace and they have an interest in the neighbourhood food environment as they too are food consumers there. More importantly, though, teachers have taken on the project as a framework for their own nutrition education lessons. The Brooklyn Healthy Schools

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[59] An annual fitness assessment for all students in grades K through 12 in New York City public schools. Students have their height and weight taken and their Body Mass Index calculated.

[60] New York City Department of Education (DOE) has an overarching wellness policy; schools are encouraged to tailor it to their own needs.

[61] The Healthy Schools Brooklyn program began in 2010. The Brooklyn District Public Health Office is one of 18 contractors throughout New York State that has been granted money by the state to aid schools in developing wellness policies. At the end of 2011, the Brooklyn DPHO had worked with 25 schools, but decided for 2012 to focus on providing greater assistance to fewer schools. So, in 2012, they added 10 new schools to work with closely, and kept working with 10 previous schools at the same level of intensity, and 15 schools with diminished intensity. There are 10 schools out of the 35 total schools in the DPHO's "universe" participating in the Creating Healthy Places program.

Coordinator (who works out of the District Public Health Office) suggested that the required Adopt-a-Shop activities can be done by students:

> [Schools are] asked to do one or two events [at bodegas], and these events are something that, if it's at high school or an elementary school level, you can really have students take the lead, create the taste tests, do those pieces, and it's a really good learning activity for them.

The classroom teachers that I interviewed all adopted this strategy of using Shop Healthy in their own educational curricula. They connect it directly to nutrition and food knowledge: lessons on choosing healthy food, reading nutrition labels, and understanding why unhealthy food is so inexpensive. One teacher talked about watching *Super Size Me* (Spurlock 2004) and the HBO Series *The Weight of the Nation* (Chaykin 2012) with her class. A kindergarten teacher told me about an activity she was doing called "eating the alphabet"—as the students learned the alphabet she brought in a fruit or a vegetable each week that starts with the letter the students are learning, "and they'll make a little salad, and once they make it then it's theirs, and they love it." She was also planning a scavenger hunt at the store that the class had adopted: she was making up a list of healthy foods that the shop owner was beginning to stock, and would send kids in to find 3 items from the list, and then end with a little celebration, eating the healthy snacks they had found.

Teachers of older students also pair Adopt-a-Shop with more general skills such as writing, math, and public speaking; as one fourth-grade teacher explained, "we have them doing PSAs [Public Service Announcements], or last spring we were outside [a bodega] handing out samples, so they were talking [to other community members]."

The teachers that I spoke to were very enthusiastic about the need to do healthy food education in their classrooms and really saw their role as countering the unhealthy

habits learned at home. They spoke about students arriving at school with junk food and parents who had little concern for nutrition or who were more motivated by price and convenience. They viewed themselves as being well situated to provide information that might sway parents' choices—specifically regarding the amount of sugar children were consuming—and children's desires. This is an extension of the school's legitimacy to influence student's snack choices (which schools do through their healthy snack policies).

However, the impacts these teachers and classes have had on their respective bodegas—and thus, the food environment around their schools—have been limited. Some teachers expressed frustration with nearby bodegas' unwillingness to participate in the Shop Healthy program. One had recruited a bodega that was a good partner, but the store was not often frequented by students because it was not on their direct route to school. The store across the street was popular, but was not willing to work with the school or change any of the stock. As the teacher exclaimed: "what I want to get is this guy across the street and he just refuses. He's just not in." She admitted that she recognized that store owners make more money on junk food and are struggling to turn a profit to begin with, but was annoyed that the owner would not even respond to requests to designate a small shelf for the school that would hold approved healthy snacks that teachers could point their students to.

In another case, a teacher spoke encouragingly about the owner of the bodega next to the school. She described him as being interested in stocking healthy products, explained that he had let students and DPHO staff rearrange items in the store by moving the water to eye level and the soda to the back, and was hosting a classroom healthy food scavenger hunt in the near future. His participation was greater in the teachers description than it

was in reality, though: a visit to the store revealed that the shelves were sparse, a refrigerated display case held only pre-wrapped croissants and pastries, and baskets for fruits were empty.[62] The teacher pointed out the potential for the display case to hold yogurt or other more healthful items: her enthusiasm for the program outweighed the changes she and her kindergarteners could effect.

One teacher told me that she would like to see greater change and had identified a number of other bodegas in the area surrounding the store that she would like to see enrolled in Shop Healthy. Engaging with stores too far afield pushed the limits of what she could do: "it's not really the school's place to go that far into the neighbourhood. It really has to be [the DPHO Shop Healthy staff]. But I can help here, in our territory, to support whatever endeavors that program is doing outside."

Shop Healthy is intended to improve the food environment by making healthy food—primarily grocery items like fresh fruit and vegetables, low-fat milk, and low-sodium canned goods—available through the already-existing food retail spaces in targeted neighbourhoods. But the way that Adopt-a-Shop is implemented through the schools necessarily focuses on snack items that students will purchase and so the priority items become low-sugar granola bars, fruit, and water. DOH employees recognize this and praise their program for its flexibility:

> If you're across the street from a school you may need to deal with healthy snacks, you don't really need to deal with low fat milk because nobody's buying gallons of milk, they're just buying snacks or the sandwiches.

And while some stores agree to stock the granola bars and pre-cut fruit, they do so while maintaining the amount of soda, chips, and candy they stock. Stores give quite bit of

[62] If requested, the DPHO provides display baskets for fruits and vegetables

pushback to some Shop Healthy suggestions, particularly those that include moving candy away from the impulse-purchase area around the cash register. And many stores backslide without constant attention from community groups, placing chips in fruit baskets and cake in coolers intended for produce.

DOH and DPHO staff are pleased with the committed participation of schools and the ability of the program to be customized to different community partners, but they express frustration that the program is not having the "reach" that they had envisioned; that is, that they had not been able to mobilize a larger number of community organizations to make larger changes in the food environment.

Adopt-a-Shop in Brownsville

Though schools and teachers have been the best partners, other community groups have taken on elements of Shop Healthy and Adopt-a-Shop as part of their own programming. The Brownsville Youthmarket (as described in Chapter 5) is part of a "Steps to a Healthier Brownsville" initiative, which also includes some work with bodegas and small grocery stores using the framework of Adopt-a-Shop. In fact, the same delivery system that brings the produce to the Youthmarkets also delivers it to eight stores in Brownsville that display it with a combination of Shop Healthy materials and "Fresh Is In Brownsville" materials (See Figure 13). Youthmarket workers were present at the Adopt-a-Shop workshops in Brownsville and in East New York, and in addition to their work at the markets, youth are paid to implement some of the Shop Healthy goals, such as rearranging the stores and creating displays for the fruit and vegetables. Intermittently, the

ure 13: "Shop Healthy Here" and "Fresh is in Brownsville" produce labels. Photos: Dory Kornfeld

Brownsville Partnership (BP) has hired Community Planning Partners to engage with bodegas, talking to store owners and keeping them actively participating.

One major difference between the work done by teachers and the work done by the BP/GrowNYC partnership is that the Brownsville bodegas enrolled in the programs are ones that already carry produce, but they have elected to replace some of their standard stock with local, seasonal produce delivered by Greenmarket Co. As with the Youthmarkets, however, the cost of this produce is a huge barrier to the program's success. Store owners are resistant to paying more for locally grown fruits and vegetables because, to them and their customers, local is not a strong selling point and store owners were not willing to change their prices to accommodate the more expensive product. For example, one Friday morning, during Greenmarket Co. delivery, a store owner saw that the bushel of cucumbers just delivered cost $23. He estimated that there were about 50 cucumbers in the box, or 46 cents each. He sells his cucumbers at 2 for $1, and was not going to change his prices this

week; he let out an exasperated sigh and declared that he just wasn't going to make any money on this box of cucumbers. Because the Greenmarket Co prices were almost always higher than what stores were used to, some weeks, participating stores ordered less than $20 worth of product through the initiative, though this was more likely to be true in the late fall when most of what was available were cabbages and carrots. In the summer when high quality peaches and tomatoes were available, the eight stores ordered a greater amount of produce.

However, stores also rejected produce deliveries that didn't meet their standards: one week in August, the Brownsville Youthmarket was delivered several extra boxes of produce that the youth hadn't ordered—this produce was rejected by bodega owners upon delivery for being too expensive or not good-looking enough. This included a box of tomatoes that were a pale pink, rather than red, many with dark spots. Further, the ordering process for Greenmarket Co. is also slower and more burdensome for bodegas—owners must order on Friday for delivery on Tuesday, rather than just the day before with their usual produce suppliers.

The Adopt-a-Shop work in Brownsville is quite different than the work done by teachers. One major difference is that the collaboration is between the Brownsville Partnership and GrowNYC rather than the Brownsville Partnership and the Brooklyn DPHO. GrowNYC is the partner with the resources, and their primary incentive is to sell Greenmarket Co. produce. Thus, they are not as attached to the five Adopt-a-Shop steps as the NYC DOH and DPHOs are; they select only some elements of the program. A second difference is that individual bodegas are not adopted by specific groups for the long term. The youth are paid when they help to rearrange stores (tidying up shelves, replacing signs

and labels, moving water to eye level) but this is typically only done when their other hours fall short, and it is not the work that the Youth express excitement about doing—they would rather work at the market. Also, The Community Planning Partner assigned to work with bodegas on behalf of the BP was dismissed from her job midway through the season and was not replaced. A few Brownsville public schools did participate in Adopt-a-Shop with these eight stores, but mostly to make aesthetic improvements. Because GrowNYC was taking on the job of providing healthy food, it was not deemed necessary for them to use the comment-cards to request healthy changes from the stores.

Abigail, GrowNYC's Brownsville Program Coordinator, told me that that she thought that the Adopt-a-Shop element of the program was too complicated. She said that there were too many requirements and steps, that people had to learn all of the aspects and then communicate and promote them. Like the public school teachers, she saw the program's primary value as "a great learning tool," stating that the youth that participated got something out of it, but that the stores did not really seem to care. She referred specifically to one store we had visited together while doing delivery rounds. It had been adopted by a local elementary school and there were Shop Healthy posters and baskets, but the products for sale had not significantly changed because "the store owners don't give a shit."

More pointedly, she made it clear that she did not think that supplying bodegas with produce was a valuable service for Greenmarket Co. First, she understood the pricing problems and, second, she was certain that people did not shop for groceries at bodegas. Trying to turn convenience stores into green grocers was not an intervention in the food environment that was well received by Brownsville residents.

Difficulties Recruiting other Partners

Despite participation from schools and organizations like the Brownsville Partnership, recruiting community partners to work with the DOH and the DPHOs to adopt shops has generally been difficult.

One employee of the NYC DOH working on Shop Healthy in the Bronx very frankly discussed her frustrations trying to get community groups to sign on as partners. She said that they initially identified about 200 community groups (education, youth, NYCHA, seniors, medical and health, faith, etc.) and reached out to each one by phone, email, or door knocking. They gave each group the pitch, saying "we're really interested in getting you involved in the community and changing the food environment" and asking them to sign up for an Adopt-a-Shop workshop. They enrolled about 40 groups that said they were "somewhat interested," and got active participation out of 15. One major frustration for her was that the timing was off—they started their recruitment in May, when schools and other organizations begin to scale back for the summer. Many groups who had said they were interested just "fizzled out."

The coordinators of the Shop Healthy program for the Bronx were particularly dismayed that they were not able to recruit churches or other faith-based organizations; they had anticipated that churches would be great partners because of the large number of them in the targeted zip codes. But just as schools are strong partners for Adopt-a-Shop because they are open during business hours and are staffed by people who answer the phone when it rings, for faith-based institutions, the opposite was true. As one employee of the NYC Department of Health explained:

> We thought that we would work really well with churches, [but] we didn't actually have any takers in the faith-based organizations, and what we realized is that faith-

> based is really hard to get into. One, because their hours, and two because many people work there part time and so they're just not there, they're not around, they don't have time to have meetings, they're usually there just on weekends as well.

An additional barrier is that many churches have their own nutrition programs such as food pantries, but only one staff person, often a senior citizen who "may not have energy to do everything that's required" to run them.

After explaining how they ended up with 15 community partners, the DOH employee expressed disappointment that more groups were not involved:

> It's not a positive thing. We think it's very frustrating, and the whole part of this model is really that we want the community group to have the sustainability piece, so when we leave, the community group has asked the stores to do things that they really want, and then that the community group keeps it going.

One of the reasons for the disappointing levels of interest is that the DOH cannot offer any money to the community groups for their participation. One of my respondents described her realization that what the DOH was asking groups to do was actual *work*. She reflected on her earlier naïveté, saying:

> We thought that it would be that people just feel empowered and they're excited to do it. People feel empowered but we all go to our jobs, we do our work, and we leave. We don't have time to take on a whole other project.

There was good reason to believe that people would be excited and eager to take on the project—before Shop Healthy began the DOH hosted what they called "community conversations," hosted in the neighbourhoods of concern, in order to talk about the food in the community, and the results were encouraging:

> People really said it was the access to fresh fruits and vegetables, saying 'We don't have healthy food, our kids eat snacks at all the corners stores that are unhealthy.' And people really had these ideas, saying 'These are the things we want to change.' And that's where Shop Healthy really came from, and from there we rolled it out.

Through these conversations the DOH got the sense that people wanted to intervene in their food environment but didn't know how. The Adopt-a-Shop model was created to provide a framework for communities to act. In one DOH organizer's words, "we want people to feel like they own their community and they can make the change." The disappointment, then, comes from providing the framework that DOH staff believed would provide community members and groups with what they claimed to want and then not having those groups eagerly take on the program.

The bright spots for partner participation in the Bronx have been the hospitals, especially those with dieticians, nurses, and pediatricians. Their concern for, and knowledge of, health practices has made them ideal collaborators. The Montefiore Medical Center in particular has enthusiastically participated in the initiative and adopted five shops. Continued participation with the Shop Healthy program is part of their 2014-2017 community service plan (Montefiore Medical Center 2013). Of the 15 groups that are active partners, five are medical and the rest are youth, senior, and housing groups.

Adopt-a-Shop, Brooklyn 2014.

After I concluded my research, I met with the newly hired Brooklyn Shop Healthy Program Coordinator, Kelly Davis, in June 2014 for an update on the work. In 2014, the Brooklyn District Public Health Office began an intensification of the Shop Healthy program, taking the zip code-by-zip code approach begun in the Bronx. DPHO staff selected the zip code of 11028—which includes the neighbourhoods of East New York and Cypress Hills—because it had the highest number of people reporting that they did not eat any

fruits or vegetables the previous day and the lowest square footage of supermarkets per person.[63]

The DPHO began the process by assessing each of the 124 existing food retails outlets in the zip code—this was done by part-time, short-term staff as well as the Davis. These staff then began approaching the stores, asking them to make the same set of changes as described above. Adopt-a-Shop is still a significant component of the community work, with the goal of having every community institution—schools, senior centres, congregations—connected to one or more food stores

In addition to the bodegas, this iteration of Shop Healthy works with supermarkets as well, defined as any food stores that have 2 or more cash registers. (Davis told me that residents wouldn't necessarily consider such stores supermarkets, and offered the label "megabodegas" to better explain these businesses.) There are two additional supermarket-specific changes that they are asking these stores to make: putting no- or low-calorie drinks on aisle end-caps and creating at least one "healthy checkout aisle" that does not have soda or candy available at the register. This inclusion of supermarkets is one of the key changes to the program and stems from a recognition that though there are supermarkets in the DPHO's target neighbourhoods, their main issue is quality. Davis told me that the neighbourhood of Cypress Hills has the dirtiest supermarkets in New York City, according to the New York State Department of Agriculture and Markets, which conducts inspections of food retail sites across the state. (This fact, which draws on the same data, is also reported in Moses and Felton 2013.)

[63] In the United States, there is an average of 3 square feet of supermarket per person. In New York City the average is 1.5 square feet of supermarket per person; in East New York, it is 0.2 square feet/person.

However, as Davis described the office's Shop Healthy work, she explained the program had been underway in the Bronx for some time, but was "just beginning" in Brooklyn. This declaration seemed to ignore all the Shop Healthy work that had been done in Brooklyn before her arrival in October 2013, the work that makes up the bulk of this chapter. It is understandable that a recent hire commencing a large scale roll-out of this program would consider her work the start of something new, but it raises questions about what the DPHO learned from the work done throughout East New York, Bedford Stuyvesant, and Brownsville in the previous few years.

Conclusion

New York City's Shop Healthy program is an approach to healthy food access that seeks to make use of existing neighbourhood resources—bodegas in particular—to expand the availability of healthy food in areas that are shown to have an insufficient number of supermarkets, high poverty, and elevated levels of obesity diet-based diseases such as diabetes. NYC's Shop Healthy program is not alone—many cities across the country are doing "healthy corner stores" work . Though supermarkets are known to carry a larger, more affordable selection of healthy food (Short, Guthman, and Raskin 2007, p. 353), establishing new supermarkets takes time, money, and willing partners. Mobilizing bodegas to sell healthier food items is quicker, cheaper, and most importantly, a project that is reasonably under the Department of Health's purview.

One striking feature of the Shop Healthy program is how small it is, both in reach and in impact. The program covers only a few small areas of the city, participation on behalf of bodegas and community groups is entirely voluntary, and the changes that stores

are asked to make are actually quite minor. Placing bananas near the checkout might have an impact on some daily snacking, but it is not an alternative to having a clean, high quality, affordable supermarket in a neighbourhood; moving water to eye level in a cooler may influence the occasional drink selection, but it does not fight back against the massive, expertly targeted, and highly funded advertising campaigns of the soft drink industry (as compellingly and thoroughly reported in Moss 2013).

At the same time, what the DOH is asking of community groups through the Adopt-a-Shop aspect of the program is understood to be more than they can handle. Here, one DOH employee, describes what schools are asked do and admits that it is too much for them:

> One is they have to ask for a change, it has to be one of our seven changes. Two, they have to promote the store internally, so somewhere in the school they have to be promoting, usually in several ways. Three: meet with the store owners…And fourth is it that they pick something out of a list of ten different items and from there we have a whole curriculum for schools so they can chose 5 things they want to do, but *it's usually too many things, they don't have the resources for it***.** (My emphasis)

Other DOH and DPHO staff admit that it is also difficult to recruit stores, and those that participate very quickly backslide and stop stocking or promoting the healthy items. Stores also give quite a bit of pushback to the Shop Healthy suggestions, particularly those about moving candy away from the checkout area and replacing it with healthy items—they do not want to lose the revenue they make from those high-grossing impulse purchases.

Though Shop Healthy is a small program, it reveals a great deal about how staff of the NYC Department of Health and the District Public Health Offices conceive of the problem of food access. Though the people working on healthy food constantly refer to their mandate to address the food environment and to "try to take [the] pressure off the

individual," Shop Healthy necessarily involves individuals: teachers, community leaders, bodega owners, and people who are told that they ought to be empowered to make changes in their own community. The emphasis on "creating demand" for healthy food and the nutrition education that is a part of Adopt-a-Shop imagine a subject whose lack of knowledge is the chief barrier to a healthy diet, rather than low wages, the cost of food, cuts to SNAP, and the constrained time available for cooking and shopping. As Alkon et al. (2013) suggest, supply-side approaches such as Shop Healthy

> are attractive to progressives because they raise attention to health disparities without the victim blaming that generally accompanies popular constructions of health problems in poor communities, however, they share with the mass-media narrative the assumption that low-income people do not have the desire, knowledge and/or means to eat healthier (p. 126-127).

At best, the Shop Healthy initiative and the Adopt-a-Shop component expand the discussion of food access concerns to a wider audience, particularly children and parents, and provide a tool for teachers to use in their nutrition lessons. At worst, this becomes a program of moralizing to poor communities and pushing people in the city's low-income, highest-risk neighbourhoods to take on the responsibility for their own neighbourhood's food availability.

Chapter 7: Environmental Change and Behavior Change: Producing Healthy Eaters through Food Access Programs

Shop Healthy and the Youthmarket are programs that change the food environment by making healthy food more available in low-income neighbourhoods. They are coded as food access programs that respond to studies that show certain parts of New York City to be lacking in supermarkets and healthy food retail. The work of these programs does not end there, however. Both strategies—as well as other public and nonprofit food access initiatives—include nutrition education components aimed at teaching people the benefits of a healthy diet and changing their practices around food.

This chapter attends to the ways that Shop Healthy and Youthmarket include nutrition education as part of their work. It presents how program designers discuss the need for nutrition education and illustrates the forms it takes when implemented. By focusing on nutrition education—despite consistent claims that the goal is to improve food environments—program designers and implementers show a disregard for the actual food access barriers voiced by the communities they are trying to aid.

I offer this chapter to bridge the discussions of the programs offered in the two preceding chapters in two ways. First, I show how residents of Brownsville frame the barriers to food access in their neighbourhood. GrowNYC, the NYC Department of Health, and the Department of City Planning present Brownsville as a geographically defined area without enough supermarkets, and by extension, without enough healthy food retail. This orientation results in interventions that

seek only to increase the availability of healthier food. However, Brownsville not completely lacking in supermarkets, and residents do not complain about the shortage of places to shop for groceries. Rather, their complaints centre around the quality of these establishments—their cleanliness, quality, and prices. In addition, the particular constraints of low-wage work make finding time for shopping and preparing food difficult. Highlighting community concerns makes it possible to analyze what food access programs do in light of what neighbourhood residents need. By offering this understanding of the Brownsville food environment and residents' neighbourhood food access concerns, I am able to contrast community and expert understanding of the problem formation and solution.

In part two, I give greater attention to the nutrition education aspects of Shop Healthy and the Brownsville Youthmarket to show that even though these programs offer very different approaches to food access, they embody very similar ideas about the need to improve people's food knowledge and practice. I include examples from a few other programs run by the NYC Department of Health and private non-profit organizations in order to show how pervasive the nutrition education is as well as to tie Shop Healthy and Youthmarket to the broader field of food access work in New York City. In all cases, the goal of the nutrition education is to change behaviour; that is, to make people interested in eating healthy and to modify their shopping, cooking, and eating practices to include more healthy food. The justification for these nutrition education activities is a combination of a market rationality—increasing demand for the healthy items that are being brought into these communities through the food access programs—as well as a desire to produce

healthy citizens who can participate fully in society with strong and capable bodies. The inclusion of nutrition education in food access programs is shaped by a desire to change the behaviours of low-income and minority New Yorkers and bring their practices more in line with what the predominately white and middle class health experts see as normal or desirable. Public health officials say that the practices they advocate are based on widely accepted principles and nutrition standards, but this is precisely the point: these standards rest upon dominant understandings of good health, ideal bodies, and acceptable food behaviours that unintentionally disparage diverse bodies and behaviours and ignore the actual barriers to food access and good health in poor and minority communities.

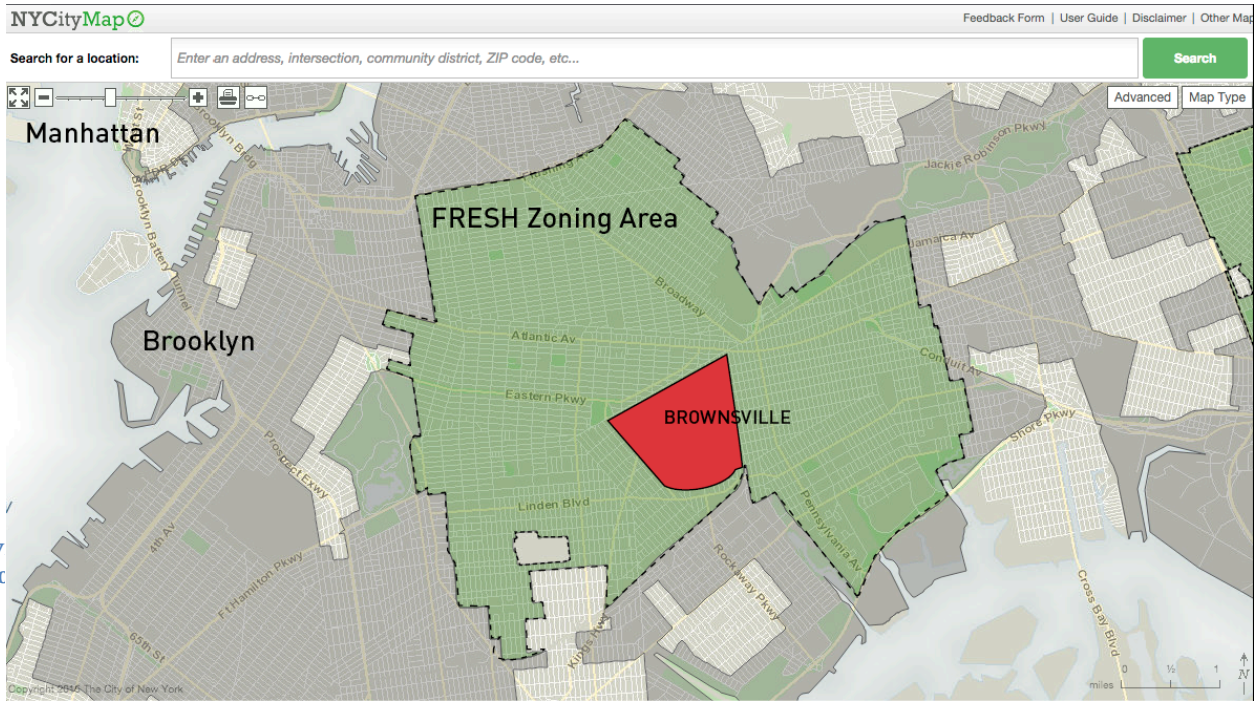
I. Food Needs and Desires in Brownsville

To better understand Youthmarket and Shop Healthy's strategies for increasing food access in Brownsville, I contrast the aims and assumptions of these programs with the actual food environment of Brownsville as well as the food access concerns expressed by neighbourhood residents. To begin this task, I first offer a picture of the Brownsville food environment and show that it is not a complete "food desert." Second, I give voice to the way Brownsville residents discuss their food needs and desires: they prefer supermarkets for food shopping; are concerned with cleanliness, quality, and price; and have limited time for shopping and preparing food.

The New York City Department of Public Health and the Department of City Planning present Brownsville as a food desert. GrowNYC and the Brownsville

Partnership make use of the same data and make the same claims about the neighbourhood's food environment. The primary foundation for this characterization is the 2008 data analysis of supermarket space in New York City conducted by DCP, EDC, and DOHMH. This analysis showed that approximately 3 million New Yorkers live in high-need neighbourhoods based on an index that measures population density, low car access, low household income, high rates of diabetes, high rates of obesity, low consumption of fresh fruits and vegetables, low share of fresh food retail, and a capacity for new stores (New York City Department of City Planning, New York City Department of Health and Mental Hygiene, and New York City Economic Development Corporation 2008). These findings became the basis for the FRESH program which provides zoning and tax incentives for the construction of supermarkets in designated areas. Figure 14 shows how Brownsville fits squarely within the FRESH zoning areas.

However, It is crucial to note that Brownsville has plenty of supermarkets. Figure 15 shows a map of the full-line supermarkets in Brownsville (not including delis, bodegas, or fruit and vegetable markets) in relationship to the New York City Public Housing Authority developments. The neighbourhood is certainly not an absolute food desert and the fundamental premise that there are no places to buy fresh and healthy food is false, at least in this part of New York City. Some of these are excellent supermarkets. One pin (along the eastern border of Brownsville) in Figure 15 is the Food Bazaar, which is a huge supermarket that the Director of Policy and Planning for Greenmarket referred to as "the Whole Foods of low-income neighbourhoods." It has a very large produce section with a wide range of products



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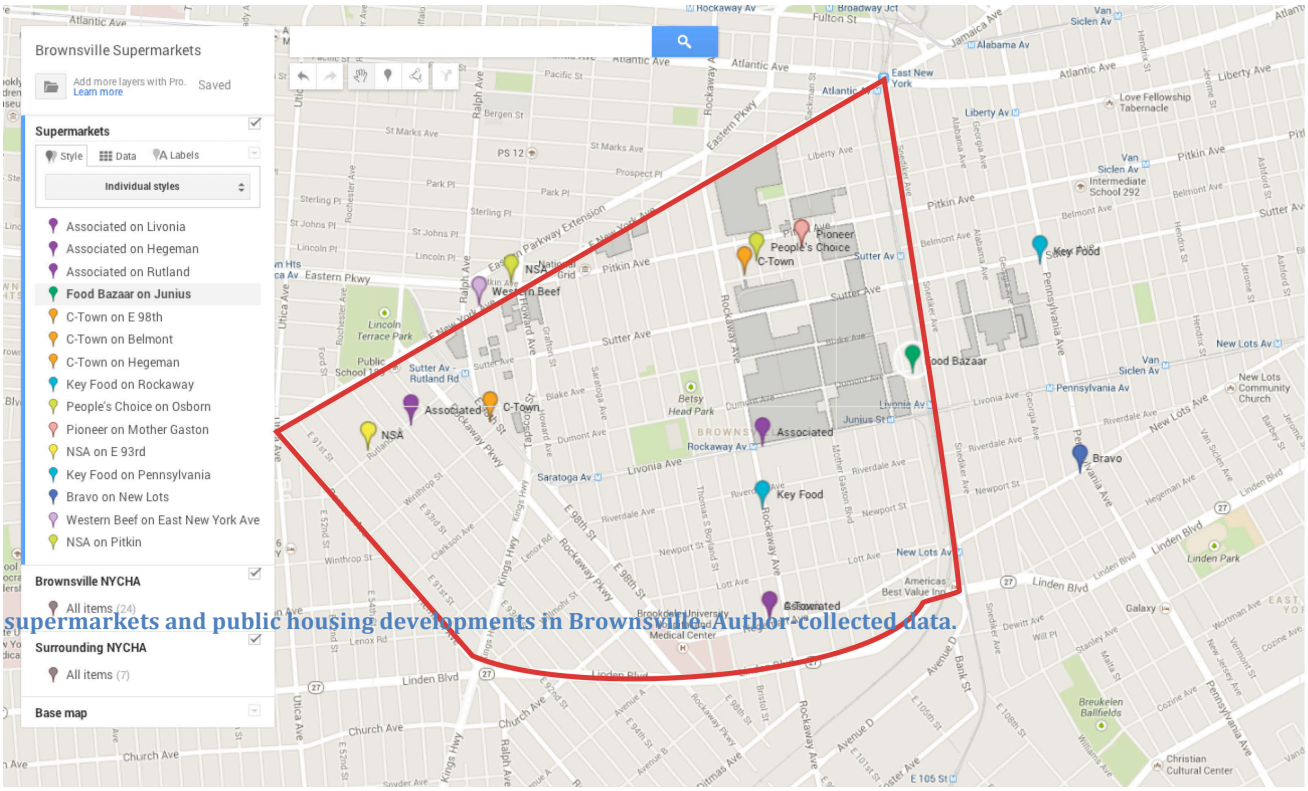

'e 15: Full-line supermarkets and public housing developments in Brownsville. Author-collected data.

for cuisines of different cultures, an extensive fresh-fish counter, and aisles and aisles of regular supermarket products.

However, not all of the neighbourhood supermarkets are as appealing, which is a major issue for Brownsville residents. Many of the people I talked to—particularly seniors—complained that the neighbourhood supermarkets were dirty and disorganized, that they never seemed to have the things advertised in flyers, and that as shoppers they felt surveilled and disrespected, being followed around and not offered help. Many spoke about travelling to supermarkets outside the neighbourhood. This is because supermarkets are the preferred site of food shopping, and when the local stores do not meet residents' needs and desires, they leave Brownsville in search of other places to do their shopping. This fact supports Shannon's (2013) arguments that the idea of food deserts "fixes" residents in place, treating them as passive dwellers in their environments and unable to cross neighbourhood boundaries.

A second key issue for Brownsville residents is price. Low-income customers are particularly price sensitive when shopping for food. The seniors that I spoke with described price as their primary concern. In one focus group, while discussing the neighbourhood supermarkets, I asked about prices:

> Dory: How are the prices?
> Senior A: Now, that's a horse of a different colour!
> Senior B: They vary. The prices vary
> Senior A: So you go to all the stores, and you get this at this store, and this at this store, to save a dollar.
> Senior: B The C-Town here, the kale, they had it the other week for 99 cents a pound, and you can't get no kale for 99 cents a pound! Most of the time it ain't 99 cents a pound
> Senior C: Or 2 pounds for a dollar, for collard green

Senior A: Broccoli 99 cents sometimes. It usually runs a dollar fifty, or 2 pounds for 3 dollars.
Senior B: Last time I went over to the Pioneer I wasn't buying, I got on out of there. They charged me a dollar forty nine for–
Senior C: I think Pioneer has the least vegetables than any of them.

Later on, one of the Youthmarket staff asked about how the seniors decided where to shop:

Youth A: What affects how you all shop? Like, what makes you want to shop in certain areas?
Youth B: The location, the cleanliness?
Senior A: The sale papers.
Senior B: Yeah. Looking for the sales
Senior C: We go for sales. Because you know, we're on fixed incomes, so we have to go for sales, whatever's on sale.

And after a conversation about organic food and hormones in meat, I asked again about price:

Dory: How much do you think about these things when you're at the supermarket and how much are you just thinking about price?
Senior A: I don't think about it
Senior B: I'll be honest with you, I'll be looking at the price.
Senior C: I look at the price, I look at whatever it is, take a look, okay, then I look at the price and put it back and look at another.

The concern over price was also apparent through conversations with customers at the Youthmarket. Most shoppers complained about how expensive the products were in comparison with supermarkets. There was frequent eye-rolling as customers communicated that they are savvy enough to know that they can get better prices elsewhere. Some customers simply didn't buy things when they were told the prices. Others verbally complained about the prices, sometimes calling them and us "terrible." Where we sold corn at $2 for 3 ears, corn was often 10 for $10 at the Food Bazar. Tomatoes were between $2 and $2.50 a pound, and residents told

use they could get them for $1.50 elsewhere. Sometimes the market got carrots in pretty bunches with the tops still on, these sold for $3 for what was actually about a pound of carrots while supermarket carrots sold for $1 per pound or less. In one instance a woman asked the price of a single tomato priced at $2.25 a pound. The one tomato came to $1, and she shouted "You're robbing us! I won't be coming back!" One of the youth reflected on people's anger at the high prices at the market, explaining: "everybody in the neighbourhood struggles to make rent, y'know, so even if they do care [about healthy food] they can't afford it."

A third major concern affecting the eating habits of Brownsville residents is the time needed for shopping and preparation of healthy meals. Many Brownsville residents work multiple low-wage jobs across New York City. For them, it is not the availability of fresh food that is the main concern, it's time. For instance, one of the youthmarket employees worked another job as an overnight stocker at a discount store on the other side of Brooklyn. Between the travel from that job to the market and his constant exhaustion, buying groceries and cooking was nearly impossible. He ate mostly fast food, privileging time and convenience over nutritional quality.

The seniors described this phenomenon as they discussed the way they saw adults in the community do their shopping:

> Senior A: The younger people, mostly, with kids, they take their shopping cart and they go to shop.
> Senior B: They go shop, come back with a pile of food, half of it be potato chips and half be meats—that's the way they shop.
> Senior A: And boxes of rice they don't have to put no seasoning in. Prepared food.
> Senior C: I mean come on, that's the way the younger people with kids do, as long as they feed their kids they're alright.
> Senior A: If they're not working they could stay in the house and fix the kids some good food everyday.

Senior B: Chef Boyardee
Senior C: that's why, you'll notice, kids like to go to grandma, and say "Grandma, you cooking? Grandma, what you got cooking?"

To summarize, there are three main areas of concern regarding Brownsville residents' relationship to food shopping. First, residents display a preference for supermarkets, and prefer that these stores be clean, with high-quality produce and courteous staff. Those with time—particularly seniors, but others as well—will travel outside the neighbourhood to patronize stores that meet their standards. Second, Brownsville residents display high price-sensitivity for groceries. They consult circulars, comparison-shop, and prioritize a good price over markers of "good" food like local or organic products. Third, many low-income residents lack sufficient time for shopping and cooking as their multiple jobs and responsibilities take precedence and fast food can fill that gap. These findings are consistent with the growing body of literature on the food practices of the urban poor (Clifton 2004; Drewnowski and Darmon 2005; Seefeldt and Castelli 2009; Wiig and Smith 2009; Alkon et al. 2013; Zachary et al. 2013; McMillan 2014).

II. Nutrition Education and Behavior Change Strategies

Neighbourhood residents name supermarket quality, grocery prices, and time for shopping and cooking as the three biggest barriers to eating healthy in Brownsville. In contrast, the program designers at the Department of Health and GrowNYC presume that a lack of knowledge of healthy eating and cooking techniques are significant barriers to health, and thus, they place a great deal of emphasis on offering nutrition education to residents in the form of general

nutrition knowledge, food shopping practices, cooking skills, and eating practices. This education is presented as "creating demand" for the healthier food that Shop Healthy and Youthmarket bring to Brownsville; the inclusion of nutrition education in food access programs is shaped by a desire to change the behaviours of low-income and minority New Yorkers and bring their practices more in line with what the predominately white and middle class health experts see as normal or desirable.

Shop Healthy

The language used to describe the Shop Healthy program is explicit about the elements of the program that seek to improve knowledge and change the shopping, cooking, and eating behaviours of consumers. The goal of the program, is "to boost the availability of and *demand for* healthy food in New York City neighbourhoods with the highest rates of poverty and chronic disease" (Department of Health and Mental Hygiene 2010, p. 1, emphasis added). A Brooklyn District Public Health Office employee described her office's mission to

> change the environment that would then *influence personal behaviour change*…instead of educating the person to tell them what choice they should make, it's actually making a healthy choice an easier choice or the first choice they make.

In these statements the underlying idea is that residents of the target neighbourhoods have elevated health risks because they do not eat properly. Thus, increasing the fresh fruits and vegetables, low fat milk, and low-sodium canned goods available for sale will not have positive health impacts unless people change their patterns to favor these healthy options. The link between demand and availability is stressed through a market-rationale that believes that the reason for a

suboptimal food environment is a lack of consumer knowledge of and interest in healthy products (Center for Economic Opportunity 2008). Shop Healthy, then, includes strategies to shape this demand by focusing on knowledge, shopping, eating, and cooking. This is done through nutrition education at Adopt-a-Shop workshops, rearranging bodegas to display healthy items prominently and influence shopping choices, and via community-led "events" held at participating bodegas. As well, a project of highly-managed community involvement stresses the responsibility that Adopt-a-Shop participants have to disseminate these lessons throughout their communities.

One way that Shop Healthy attempts to shape demand and change behaviour is through nutrition education at the Adopt-a-Shop workshops to train community leaders to work directly with bodegas. These workshops purport to start from an assumption that the participants who elect to come are already committed to increasing access to healthy food in their neighbourhoods: the flyers indicate that workshop discussion will be about strategies for working effectively with bodegas and creating a community action plan (see Figure 10). At the workshops, the opening conversations all revealed that participants did indeed have shared concerns about the quality of the food available in their neighbourhoods. When asked what the predominant barriers to healthy eating were, participants said price, time, and the lack of variety and poor quality of produce available in the neighbourhood, such as food sold past its expiration date. At the Brownsville Adopt-a-Shop workshop, one participant noted that "other neighbourhoods have Fairway,"

a New York area supermarket chain known for bright and bountiful produce displays.

Even though Adopt-a-Shop participants demonstrated concerns about the neighbourhood food environment in line with what the DOH is trying to address with Shop Healthy, the Adopt-a-Shop facilitator invariably introduced the second part of the workshop, a nutrition lesson aimed at increasing knowledge of healthy food, shopping techniques, eating practices, and cooking skills. This lesson covered the negative health consequences of too much salt, sugar, and fat; stressed the importance of eating more fruits and vegetables and low-fat milk; explained how to read nutrition labels on food packages; and described how to make a smoothie.

This diet education is particularly surprising given that a senior DOH employee responsible for the built environment and health work had adamantly insisted that the department does not put much emphasis on nutrition education:

> DOH: We don't have nutritionists here. You don't need a degree in nutrition to make sure people have access to bananas. We don't do really much health education here. A little bit, but not much.

However, she separated nutrition knowledge from other instruction that the DOH might offer, such as cooking techniques:

> DOH: I think [nutrition education] is important, and needs to be there…but I think that cooking demonstrations are more important. I mean, that's giving people the skills, it's different. I think in general people know that for example, kale is really good for you, but they say "I don't want to buy it, it's too expensive, I don't know what to do with it." So yes, we tell them why it's good for them so they get the extra boost of feeling empowered, but we give them the skills and then we give them a Health Buck[64] so they actually have the money [to purchase it].

[64] See the chart of currencies that can be used at the Youthmarket in Chapter 5 for an explanation of HealthBucks

The Adopt-a-Shop workshop facilitator—a nutritionist with the Department of Health—stressed the connection between nutrition knowledge, demand for healthy food, and the profitability of bodegas. She repeated to the attendees that the main reason that store owners give for not stocking any particular item is that they don't think people will buy it. The role of Adopt-a-Shop participants, then, is to prove to bodega owners with their purchasing power and their outreach campaigns (such as the suggestion postcards shown in Chapter 6) that they do indeed want healthy food. The nutrition education is not just about increasing knowledge and skills, but also about guiding people to act on that purportedly newfound knowledge and modify shopping behaviour for their own good and the good of their community.

A second way that shopping patterns are influenced is through the requirement that participating bodega rearrange their stores to showcase healthier items. This includes moving water to eye level in the drink coolers and putting fruit on display near the cash register. This strategy rests on the idea that the environment shapes people's choices and desires, thus making healthy food more visible will increase purchasing and consumption. Though this is in part true (Martin et al. 2012; Moss 2013; Nestle 2013), the fundamental problem to be solved is still the lack of availability of health food. This small-scale environmental change seeks to modify store layouts to influence what it is that people want to purchase. One DOH employee explained that store owners were often resistant to these suggestions:

> [We get] pushback from store owners when we ask them to move their candy away from the checkout…they make the most money on something

> that's sitting right there that you can grab when you're paying, so it's really hard to get them to move their candy. So, we don't actually ask them to move their entire candy section—which we would love to do—because it's not feasible. So what we do instead is to put fruits and vegetable at the checkout in combination with the candy, which isn't ideal. From a health perspective you'd like the candy to be in the back of the store where no one can get to it.

In this statement, she expresses the idea that people are influenced by what is in front of them, and if the candy was at the back of the store it would not be sought out or searched for. This tactic—as well as the Adopt-a-Shop facilitator's point that people must "prove" to bodega owners that they are willing to purchase healthy food—is one that changes the environment to influence personal behaviour, as in the quote from the DPHO employee above; it is not the stated rationale of changing the environment to accommodate untapped consumer demand.

In addition to shaping knowledge, shopping, cooking, and eating, Shop Healthy and Adopt-a-Shop also work to make community members responsible for disseminating these lessons throughout their social networks by bringing the nutrition education lessons back to their neighbours. One of the requirements for participation is holding events at adopted stores to promote the healthy items. These events take the form of cooking demonstrations, taste tests, and nutrition lessons (or more age-friendly activities for children, such as scavenger hunts). Again, this type of activity is meant to extend the ability of a small Health Department staff to get their message into the community, but it also puts pressure on participants to improve not only their behaviours, but also the cooking, shopping, and eating practices of an entire neighbourhood.

The underlying rationale is that through nutrition education activities the predominately low-income residents of underserved neighbourhoods will learn

how important, simple, and easy eating healthy can be. Then, they will purchase and consume the newly-available healthier items. The problem is not only that healthy food is unavailable in these neighbourhoods, but that local residents lack knowledge of and a desire for healthy food. By educating this group in the importance of healthy eating, they will make proper choices, purchase newly available healthy food, keep these bodegas profitable, and reverse the negative health outcomes associated with living in high-poverty low-resourced neighbourhoods.

Youthmarket

The Youthmarket program, like Shop Healthy, is involved in changing the behaviour of low-income New Yorkers around food shopping, cooking, and eating. Unlike Shop Healthy, the nutrition education components operate at a slight distance from the program. While the market itself strives to change shopping behaviours by emphasizing fresh fruit and vegetables (the Youthmarket does not sell bread, meat, dairy, or prepared food) and offers food preparation suggestions thorough cooking demonstrations, the knowledge component is present in other activities. In Brownsville, the youth that work at the market are given extra paid hours to do "outreach" work, bringing healthy eating (and local produce) knowledge to the community. The youthmarket staff are trained to act as "ambassadors" of healthy eating in their neighbourhood.

As the Brownsville program coordinator for GrowNYC told me:

> The youthmarket program is a little bit different [than Greenmarket], it's more focused on outreach and education than just pure vending, because we need to create demand in order to supply the things that we're supplying. So we need to convince the communities that we're in that it's worthwhile for

> them to shop there, that they eat the stuff that we're selling, and this is good for their communities.

Here too, the language of "creating demand" is explicit. The outreach referred to takes the form of cooking demonstrations at the market, running nutrition education programs at seniors centres, and training the youth to talk about food access issues at community events. Having the youth do this work is intended to be a grassroots, neighbourhood level transmission of critical information and culture shift rather than a top-down, outsider-driven education campaign. The Brownsville coordinator—again, a white, college-educated woman who lives outside Brownsville and works out of the GrowNYC offices in Manhattan—went on to explain:

> The best way to get the information across is through the kids. I don't want to be the one telling these people that they need this thing [healthy food]. I want the kids, who are community members and insiders and people who are in a similar situation to be telling their peers, "we need this thing." I mean, I do go around and give classes and encourage people to eat healthy, and encourage the stores to offer healthy produce, and all that, but the ideal is it [health promotion] coming from within the community.
>
> So the first step, the first point of contact is the kids, and then from there they need to disseminate information. And sometime they [other Brownsville residents] listen to me more because I'm more of an authority, and these are teenagers. And sometimes they listen to them more because they're community members who shop at the same stores, and who know that their bodega owner offers this item and not that item.

The youth who work at the market have absorbed this way of thinking. For instance, one young woman explained what she liked most about working at the market:

> The best part of working at the market is the cooking demos. Because it's one thing to tell people "when you cook fresh fruit and vegetables it tastes good," but that's just going by me telling you. A lot of people could tell you a lot of

> different things. But to do a cooking demo, they taste it themselves. I tell them that there's no salt added, no sugar, nothing. And they're really surprised, and the look on their face. I think that's the best part and they're like "thank you so much" and then they want the exact ingredients which you cooked.

She also expressed pride that she was able to change her friends' food habits:

> I think [Youthmarket] is cool because not only did I learn a lot, but I brought it home, and my friends know different food and vegetables, and they're even eating healthier, and they're like "When are you going to bring me some apples?" They used to ask "can you cook?" but now they're like "can I get the stuff so I can try it" because I showed them how to make quick easy meals that taste good.

Another youth explained to me why he thought the Youthmarket was good for Brownsville:

> Because of our purpose, and that's what a lot of people forget. It's easy to do that because when you're dealing with money all day and you're trying to make a profit, you forget what your purpose is, like, why you're there. And I think if we're good our reason for being there is positive, we're helping the community learn. More than anything. Not just eating healthy. It's really about education. Y'know, we tell people it helps them manage their money as well, because now they know they have to come by at our spot [the market] then.

These quotations show how the youth understand the market to be more than just increasing the availability of fresh fruit and vegetables in Brownsville, but about education, learning, and convincing people that eating healthy should be a concern. A significant way that the Youth are brought into this way of thinking is through their outreach work. One of the most significant instances of this was a series of nutrition education workshops the youth ran at the seniors centre of one of the public housing developments. For four consecutive weeks in August, all five market staff led a 2-hour healthy eating lesson, discussion, and cooking activity. These lessons were modeled on New York State's "Just Say Yes to Fruits and

Vegetables" curriculum, with topics including consuming less salt (through avoiding prepackaged food and using other seasonings in home-cooking), how to read nutrition labels, eating produce of many different colours as a way to get a diversity of nutrients, and general tips on shopping on a budget. The youth gathered on Wednesdays to discuss the plan for the next day and on Thursdays to run the lesson.

Apparent from the first lesson was that the seniors were not in particular need of these lessons. The attendees were primarily women from the Caribbean or the U.S. South who had been cooking for their families for decades. Moreover, they were all recipients of diet advice from their doctors—the lesson on salt was especially unneeded. Though the Brownsville program coordinator told me that the greatest community pushback against the youthmarket program was around nutrition education—"People don't like being told what to do, especially an adult who has been preparing meals for their family for 20 years. I'm just this kids who's like, 'you should eat lettuce!' and they don't care" she said—the seniors seemed to genuinely enjoy the workshops. The director of the centre explained that this was because the seniors (who some of the youth referred to as "the elderlies") just liked having young people come to talk to them. As one senior told the group in the last session, "I appreciate y'all coming, and I appreciate the youth telling the elders something, because it shows that you all want us around."

These workshops really show how the Youthmarket program aims to produce active consumers of fresh fruits and vegetables at the Youthmarket or through other retail channels. Because the lessons are presented to a kind, receptive, and knowledgeable group, the benefit of the workshops accrue primarily

to the youth as they develop public speaking skills and become comfortable communicating this particular domain of knowledge.

Contributions from the seniors show that they are attuned to the relationships between histories of racism, neighbourhood perceptions of crime, and a sub-par food environment. One a conversation about the grocery stores in Brownsville and what can be done to change them highlights this:

Senior A: There is one source, one real thing we can do, if you don't want to shop there, then don't. And if you don't they have to do better, or close. That's it.
Youth: That's it. The reason these guys don't stock anything healthy—
Senior A: Because you buy it!
Youth: Exactly, because people buy what the stores sell. So they think "why should I change my inventory when I'm making a killing selling this."
Senior B: Especially at twelve o'clock at night. You have a little window open, now why are you outside at twelve o'clock at night, waiting on line to buy something?[65]
Senior A: Now that's what I get angry about! Know why I get angry about that? We fought for many years to get things changed, and when I see people standing outside a store buying through a window, you don't know what we—people of colour—have gone through to eliminate that. Now it's back. That really burns me.
Youth: And the reason that still happens is because there are probably about 20 people on that line, buying something at 12 o'clock. And what you said is the greatest point: if you don't like that store then don't buy from it. Because then they'll be forced to shut down or forced to change.

This exchange shows a rift between the individual responsibility ethos of the nutrition education component and an awareness within the community that change must be collective. In contrast, one GrowNYC staffer expressed skepticism that Brownsville residents were able to understand change at that level:

[65] Patrons are made to shop through the window when stores don't let people in at night, presumably to prevent theft.

> I'm much more on the individual side. I think policy is so far removed from this community's life, that they wouldn't be able to relate…There's so many things that they feel they are victims of, I feel like taking control over your own life first, and changing very basic decisions like what you buy and eat is the first step to feeling like you have control over you, and then your family, and then it spreads to your community and after that comes big structural policy changes in the way that this works for them.

Ultimately, the planners, program designers, public health practitioners, and community-based program implementers all believe that in order to improve food environments low income, minority residents of food desert neighbourhoods must receive nutrition education. The dominant understanding is that poor food environments are a supply-and-demand problem: residents of Brownsville and other targeted neighbourhoods do not create enough demand for healthy and fresh products. Education initiatives purport to improve people's diets through increased knowledge of nutrition and subsequent changes to shopping, cooking, and eating practices, but these changes are also framed as the key to improving food environments.

Other Programs

Nutrition education programs are not exclusive to Shop Healthy and the Youthmarket. A number of other food access initiatives aimed at low income New Yorkers include healthy eating lessons as a major component of their work. Two additional illustrations show that the presumed need for nutrition education is pervasive across organizations, sectors, and program types.

One premier example is the Stellar Farmers' Market program run by the New York City DOH. As described in Chapter 5, New York City offers $2 HealthBucks to

farmers' market shoppers who swipe their EBT for $5 in an attempt to make expensive farmers' market produce more affordable. Another way that HealthBucks are distributed are at cooking demonstrations held at select farmers' markets in low-income and minority neighbourhoods (Figure 16). Stellar employees, who are primarily dietetics and nutrition science students, lead nutrition education lessons taken from the New York State Department of Health's "Just Say Yes to Fruits and Vegetables" curriculum and show participants how to cook a dish with an ingredient currently in season. As a reward for attending the workshop, participants receive one or two HealthBucks coupons so that they can try the featured vegetable without financial risk. At the workshops that I attended at farmers' markets in Bushwick and East New York, the primary audience were Black and Latina women, eager for extra HealthBucks. Like the Brownsville seniors, it seems likely that these are women who have decades of experience cooking for their families. Brief conversations with Stellar workers confirmed that many did not need the lessons on sautéing green beans and came for the social scene and the free groceries.

Another example is the Food Bank for New York City's "Cookshop" program which offers cooking classes and nutrition education to families who make use of the food pantries. In a workshop at the 2013 Just Food conference in New York City, hosted by the not-for-profit organization with the same name, two Cookshop facilitators showed a series of slides illustrating the links between poverty and food insecurity, and then, without attempting to establish that this cohort had any

FREE Cooking and Nutrition Classes at Farmers' Markets

New York City Department of Health and Mental Hygiene

Participating Markets

The Bronx

Bronx Borough Hall Greenmarket
Grand Concourse bet 161st & 162nd Sts
Tues (8am-4pm)

Hunts Point Farmers' Market
Southern & Bruckner Blvds at E 163rd St
Wed & Sat (8:30am-4pm)

La Familia Verde Farmers' Market
E Tremont & LaFontaine Aves
Tues (8am-2pm)

Lincoln Hospital Greenmarket
149th St bet Park & Morris Aves
Tues & Fri (8am-3pm)

Mott Haven Farmers' Market
139th St & St. Ann's Ave
Wed (9am-5pm)

Parkchester Greenmarket
Westchester Ave & White Plains Rd
Fri (8am-3pm)

Poe Park Greenmarket
192nd St bet Grand Concourse & Valentine Ave
Tues (8am-3pm)

Manhattan

92nd Street Greenmarket
1st Ave bet 92nd & 93rd Sts
Sun (9am-4pm)

125th Street Fresh Connect Farmers' Market
State Office Building, W 125th St & Adam Clayton Powell Blvd Tues & Sat (8am-7pm)

Grass Roots Farmers' Market
W 145th St bet Edgecombe & Bradhurst Aves
Tues & Sat (9am-4pm)

Washington Heights 175th Street Greenmarket
175th St bet Broadway & Wadsworth Ave
Thurs (8am-4pm)

Brooklyn

Bushwick Farmers' Market I
Linden St & Broadway
Wed (10am-6pm)

Bushwick Farmers' Market II at Maria Hernandez Park
Knickerbocker Ave & Starr St
Sat (9am-5pm)

Bushwick Farmers' Market III
Halsey St & Broadway
Thurs (10am-6pm)

Graham Avenue Farmers' Market
Cook St at Graham Ave
Sat & Sun (8am-5pm)

East New York Farmers' Market
Schneck Ave bet New Lots & Livonia Aves
Sat (9am-3pm)

Red Hook Farmers' Market
Columbia & Beard Sts, across from IKEA
Sat (10am-3pm)

Williamsburg Greenmarket
Havemeyer St bet Broadway & Division Ave
Thurs (8am-2pm)

Queens

Corona Greenmarket
Roosevelt Ave & 103rd St
Fri (8am - 3pm)

Jackson Heights Greenmarket
34th Ave bet 77th & 78th Sts
Sun (8am - 3pm)

= NYC Food Activities for Kids

: Stellar Farmers' Market list 2018. Source: NYC DOHMH

NYC Health

particular need for healthy eating instruction, described the nutrition-education programs that they ran. These included lessons on eating whole grains, or rainbow of vegetables—prescriptions that are notoriously difficult to fill for food pantry users (Poppendieck 1999; Jacobson and Silverbush 2013).

Creating Healthy Eaters

In all cases—Shop Healthy, the Youthmarket, Stellar Farmers' Markets, and Cookshop—the nutrition education, the push to eat healthier, and the responsibility to behave as a model citizen in the interests of a healthier food environment is targeted only at the poor, despite the fact that there is no available evidence that poor people need this education any more than people in other income brackets. I asked former DOHMH Commissioner Thomas Farley what data the city drew on that showed that poor people were in particular need of nutrition instruction; he responded that they did not have any such data. The same question posed to a current DOH staffer elicited a response that "most initiatives are informed by national trends and published evidence-based programs/initiatives," but she did not provide me with any particular sources.

There is a prevailing concern in the Department of Health, and with other organizations concerned with food access, that residents of Brownsville and other low-income neighbourhoods eat unhealthily, including too much take-out food, because they don't know about the importance of fresh fruit and vegetables or are insufficiently motivated to extend the effort required to shop for, prepare, and eat healthy food. By neglecting the other factors that impinge on healthy eating, such as

cost and time, food access program designers default to essentially blaming the poor for the consequences of poverty.

This fact is made clearer by comparing the attention to poor neighbourhoods with the lack of concern for the same sort of behaviours amongst the middle class. Higher-income New Yorkers also rely on take-out and delivery meals; they are busy and short on time like many of those living in (or just above) poverty. A recent study by UCLA researchers showed that middle income people were more likely to visit fast food restaurants than low-income people, and that people who work more hours are more likely to eat out (Kim and Leigh 2011).

This is not to dispute the claims that residents of low-income and minority areas are more likely to suffer the negative health outcomes associated with poor diet. Diabetes, heart disease, hypertension, and overweight and obesity disproportionately affect these populations. However as those who work at Department of Public Health, GrowNYC, and the Food Bank prioritize health, nutrition, and good produce they isolate these food-related concerns from other aspects of urban poverty.

The narrow focus on food and health seems to assume that, given the right information, people will necessarily want to eat better and privilege their health over convenience, taste, habit, or culture. This of course, is not certain. In a chapter about critical approaches to nutrition education, Frank (2013)—herself a nutrition counselor—writes:

> It is essential the dietitians recognize that most people do not think the way that we do about food and nutrition…most do not think primarily of the nutritional value of food or its impact on their health when choosing what to purchase and eat; most do not rank nutrition as a top priority in their lives.

Taking this notion a step further, Devisch (2010), Baccini (2010) and Mol (2010) argue for an understanding of the desire to consume explicitly unhealthy food and the right of individuals to reject healthy choices. Baccini (2010) states "just as the State does not have to impose happiness on its citizens…and rather only has to help them freely look for their own kinds of happiness, the State does not have to impose health and well-being on its citizens either" (p. 88).

This point, that people—particularly the poor—may reject healthy food, even when it is easily available, is most empathetically explained by Dr. Meri Kolbrener, a family-practice doctor, in her interview for the podcast *Working:*

> When I first started working, [my supervisors] were like 'we are going figure out the Body Mass Index on people and we're going to discuss it with them and we're going to change the obesity epidemic. It's just about acknowledging it.' And I remember thinking always that this is just total crap….The reason that poor people eat so poorly is because it tastes good. Now that sounds really dumb, but it's totally true. I'm not even talking about the cost of produce—lets' not even do that. Lets say you have a choice of going home and making yourself rice and beans and some broccoli, or going to McDonalds, costing the same amount. Your life is stressful, you don't have enough money, your housing situation might not be stable, your kid stayed out all night the night before, your kid who is going to college you don't know how you're going to pay for it, if you're going to make it though the four years. At the moment you want a little pleasure. What I've learned over the years is that the medical voice of power, and what's right for you is *so unhelpful*. Because the patients, they know. They're just looking for some pleasure. They don't have access to the same pleasures that I have in terms of even, coming home to a full refrigerator and making a delicious meal for my family, because my delicious meal costs $30. For one meal. So the longer I'm at this, the longer I struggle with my own role as an advisor because of the opportunity gap. And I think about it as the opportunity for pleasure (Plotz 2014).

Kolbrener vividly illustrates the divide between health professionals who are in the position to instruct others in the art of proper eating and the targets of those instructions. What is also crucial to understanding this gap is the way that healthy

food choices are coded as "normal" by those in positions of power who work to normalize the eating patterns of the unhealthy others. Biltekoff (2013), in her history of nutrition education in the United States, shows that this has always been true. In her telling, an era's particular ideas for eating right are not only an empirical set of rules for nutrition and health, but also a framework for good citizenship and a way in which the middle class asserts its identity by contrasting its healthful behaviour against that of the unhealthy others.

The nutrition education components of GrowNYC and the Department of Health's food access programs promote normative idea of what healthy people do: what they know, how they shop, how they cook, and what they eat. In Detroit, the organic and natural supermarket chain Whole Foods has attempted to assume this role. In 2013 they opened a store in predominately black and poor downtown Detroit, hired a nutritionist to assist people with shopping, and offered cooking classes and "shopping-on-a-budget" workshops to promote Whole Foods as a part of the average Detroiter's food shopping practice (McMillan 2014). Though the Detroit Whole Foods has lower prices than most other Whole Foods locations, the prices are still higher than standard supermarkets, especially for staples like produce, meat, eggs, and dairy which Whole Foods often restricts to organic or natural brands. The in-store cooking instructors and nutritionists explain that these items are more expensive because they are "better" that is, free of hormones, fillers, and antibiotics; cage free; organic. The benefit of these features is not always apparent to low-income shoppers, even those who specifically seek out healthy food. McMillan (2014) quotes one woman's explanation of her quality criteria: "as along as it's not

spoiled, molded, or expired, I'm good with it." (p. 12).

Nutrition lessons promote an ideal of healthy eating that seeks to make the targets of the education follow the practices idealized by the professional, middle-class people. In Detroit, low-income women looking for affordable healthy groceries for themselves and their families are steered towards products that are organic and free of genetically modified ingredients. With Youthmarket, the produce on offer is all from local farms, which is presented as a selling point despite the higher cost and limited variety.

This push to value what elites do is not restricted to the "good" and "ethical" aspects of food, it is encoded in the very practice of nutrition education which assumes that dietary practices are a result of a lack of knowledge of "proper" eating, not culture, heritage, or history (Counihan and Van Esterik 1997; Williams-Forson 2006; Belasco 2008; Terry 2008), not concerns for affordability and pleasure.[66] Having teens in Brownsville or nutrition science students at Stellar Farmers' Markets use a state-designed curriculum ("Just say yes to fruits and vegetables!") to teach black women and Latinas how to sauté green beans without salt is evidence of this; so is the New York City Health Department nutritionists giving instruction on how to switch from whole to 2% milk (start by mixing half whole milk and half 2% in your cup, the next week increase the proportion of 2%, continue until your glass

[66] At an event where I was presenting my research on the Brownsville Youthmarket, my slide show included an image of one of the Youthmarket staff holding two bunches of kale as if he was a cheerleader and they were pompoms. During the Q&A a man in the audience raised his hand and asked "you show this image of a young black man holding kale—do people in Brownsville actually eat kale?" This is the baldest example I have of the assumption that African Americans do not eat vegetables. Kale and other leafy greens, particularly bunches of collards, were the most popular item at the Youthmarket.

is only 2% milk), or Cookshop employees promoting the benefits of whole-wheat tortillas over those made of corn.

These nutrition instructions—and the whole practice of nutrition education as a component of food access work—reflect an overwhelming desire to make those at the low end of the socioeconomic spectrum act in ways that are understandable and acceptable to the elite class. And because diet is related to weight, obesity becomes a visual signifier of the failure to bring eating practices in line with the norm; in a country where poor people and minorities are fatter, on average, than middle class whites, obesity and healthy eating interventions take on racialized overtones, attempting to make "them" more like "us" (Oliver 2006).

Nutrition education is folded into all food access programs in New York City, and this is is key. The environmental justice premise for food access programs stresses taking pressure off indiviuals and instead places responsibility on public agencies and private non-profits to improve the environment in the name of health—New York City is not shaming the fat and the unhealthy for their diets without being aware of at least some of the structures that make unhealthy food so prevalent. Still, the inclusion of nutrition education to bolster demand for healthy food in these newly improved envirionments betrays a desire to work on indiviuals as well as places, and a deep-seated anxiety about the behaviours of the poor.

My findings support Kirkland (2011) who argues that though the environmental view of obesity "has been sold as a structurally focused alternative to stigmatization," its interventions rely on "a micropolitics of food choice, dominated by elite norms of consumption and movement" (464). Alkon et al. (2013) expand on

Kirkland's point. They explain that, with the environmental view,

> although there is more emphasis on the choices low-income people can and cannot easily make, the ultimate onus relies on low-income people to choose particular foods once they are supplied…We also believe that supply-side explanations … ignore, and sometimes discredit, the nutritional knowledge and provisioning strategies held by low-income people (128).

My research into Shop Healthy and the Brownsville Youthmarket takes this one step further; not only are people expected to be responsible for choosing the healthy foods once they are made available, there is a direct and purposeful project to create the healthy-eating citizens who will respond to that environment. And further, there is a constant cycling between the idea that people ought to respond to the environment in proper ways—changing the environment to change behaviour—and the reverse idea, that behaviour change will improve the environment.

Chapter 8: Theoretical Analysis: Environmental Justice and Biopower in Brownsville

My research into the Brownsville Youthmarket and the Shop Healthy program grew out of my interest in what food access expansion programs are trying to achieve. I wanted to uncover what ideas about food, shopping, eating, and neighbourhood retail environments motivate this work from the top down, and how these expert ideas align with the reality on the ground in the places they are trying to improve. In previous chapters I have explored how these programs function and how they are received by community residents, highlighting the mismatch between what the interventions offer and what neighbourhoods need. In this chapter I offer a theoretical analysis in order to provide a broader understanding of why these programs—including their successes and their failings—matter.

Here, I return to the ideas of environmental justice and biopower as discussed in Chapter one to explain the ideas that undergird the Shop Healthy and the Brownsville Youthmarket's problem formulation and implementation strategies. New York City's food access programs combine environmental justice work and biopolitical governance, and together form a particular ideology about how to address problems that affect the urban poor. Though it is tempting to hold these two frames in opposition and categorize approaches as either environmental justice or biopolitical, the designers and implementers of Youthmarket and Shop Healthy actually intertwine the two. Environmental justice principles frame the rationale for intervention, as both programs seek to increase access to fresh and healthy food for disadvantaged neighbourhoods; at the same time, biopolitical governance is

mobilized as the strategy for achieving an improved food environment through managing bodies and guiding people to make "correct" choices in the pursuit of health. This conceptualization explains how those charged with addressing inequitable food environments understand the barriers to healthy eating in distinctly different terms than those living in those environments and why the programs they design fail to address many salient aspects of food access barriers.

Environmental justice holds that the environment acts upon people and that there is collective responsibility to improve toxic places for the wellbeing of those who live and work there. In contrast, biopower looks at human society as an aggregation of bodies, mobilizes statistics and experts to identify outliers with the aim of bringing them in line with the normal curve, and uses social techniques to turn the responsibility for self-management onto individuals. Environmental justice and biopower offer new ways of understanding how Shop Healthy and Youthmarket go about their goals of changing the food environment and improving health outcomes. Three key issues arise out of this analysis. First, there is a gap between the way environmental justice constructs the problem as one of not enough fresh food retail and how biopower governs program strategies of nutrition education and behaviour change. Second, these concepts reveal the distance between program designers and intervention targets in two different ways: the environmental justice frame explains how policymakers see neighbourhood residents as fixed in place and shaped by their environments rather than as actors making choices (albeit constrained choices) about where and how to shop and eat. At the same time, program designers do not fully commit to changing the environment; through a

biopower lens they see the residents of underserved neighbourhoods as subjects to be guided, people whose behaviours and desires can be shaped so as to bring their bodies in line with the norm. Third, both environmental justice and biopower marginalize the personal, intimate, and pleasurable aspects of food and eating. There is no place for pleasure in environmental justice, which advocates only for the equal distribution of toxic or beneficial goods, and biopower demands a management of pleasure as it pushes an ethos of individual responsibility that must damp down unhealthy pleasures, and promotes elite tastes as if they are universal or, at least, easily adopted.

Using these two theoretical lenses to understand New York's food access programs has particular stakes. Biopower and environmental justice allow us to think about what is being promised, what is being done, and how these actions affect the populations they are trying to assist. Thinking with these tools allows an exploration that is not simply an evaluation of these programs' effectiveness (asking "are people healthier eaters as a result of these programs?" or even "do people have increased access to healthy food?"), but rather an analysis that shows how these programs fit into narratives of health, justice, progress, and power. This study shows how it is possible for policymakers to mobilize justice and fairness as good faith motivations while simultaneously making use of biopolitical techniques that push behaviour change and the erasure of difference. In this case, the pursuit of a seemingly neutral and positive goal—health—still results in the domination of marginalized groups and the valorization of middle class ideals. This understanding

should be pertinent to all planners and policymakers who seek to do good without also causing harm.

I. The Environment and the Body: Targets of Change

Environmental justice and biopower offer two different lenses for viewing the world, particularly for conceptualizing ways to effect change in underserved urban environments. Each offers different ways of understanding paths to health and wellbeing. In Chapter one, I discussed four distinct concepts: community food security, environmental justice, biopower, and neoliberal responsibilization. Here, I create two broad modes of analysis by including community food security in my discussion of environmental justice and neoliberal responsibilization in my discussion of biopower,

Environmental Justice and Community Food Security

Environmental Justice offers a way of viewing the world in terms of distributional equity. What began as a movement to fight the disproportionate burden of toxic land uses in the places where people of colour lived (Gottlieb 1994; Cole and Foster 2001; Bullard 2000), has evolved into a robust concept for understanding the differential environments inhabited by different socioeconomic classes. This includes both the over-abundance of unwanted uses and services, and the lack of beneficial conditions (Harwood 2003). Beyond landfills and waste-transfer stations, environmental justice also concerns itself with the equitable distribution of quality housing, transportation routes, schools, parks, social services,

infrastructure maintenance, medical care, and food access. Importantly, environmental justice is concerned with the presence, absence, and distribution of hazards and amenities, and also the power relations and political processes that create these allocations (Sze and London 2008). And, because of its focus on the spaces inhabited by those with less prestige and power, environmental justice connects to historical processes of disinvestment, racism, segregation, and disadvantage and has a normative position that spaces ought to (and can) be improved and justice sought. As well, a commitment to improving the environment permits a connection to movements for ecological sustainability and a desire to preserve and improve the physical places of human habitation.

Environmental justice makes a number of theoretical claims. One is that the environment acts upon the people who live and work there (Bullard 2000), and that those who are affected by environmental hazards are not individually responsible for the damages their bodies incur; rather, there is a collective responsibility to remove harms. Another is that groups that are marginalized, disadvantaged, and otherwise less powerful are disproportionately subject to less beneficial environmental conditions (Taylor 2000). A third is that the place where people live can and ought to be improved and brought up to the standards that those in dominant social positions enjoy; environmental justice holds that current disparities must be mitigated and that future toxic environmental contaminants can and ought to be prevented (Sze and London 2008). In these ways, environmental justice is a contemporary manifestation of the concerns that motivated early planners and

public health professionals such as the subpar housing blocks and sanitation systems of the industrial city (Rosen 1993; Spain 2001; Hall 2002; Corburn 2007).

These principles construct a path towards improving the city in pursuit of consistent and widespread health and wellbeing. This path begins with the recognition of the way that the environment affects health. In food planning this takes the shape of understanding how the food environment shapes access to healthy items and an adequately nutritious diet, thus removing blame from individuals for poor diets and asserting a collective responsibility for improving access (see, for instance, United States Department of Agriculture Economic Research Service 2009; Bodor et al. 2010). The second step is to highlight the way that the environments of the poor and marginalized are indeed subpar in contrast with better-off city residents. This makes it possible to identify what a "good" environment looks like and to understand the social and political power that elites call on to keep beneficial amenities in and unwanted land uses out. Finally, interventions are made to fix inadequate environments. Rather than removing people from harmful situations, the bounded geographic places that they live are targeted for improvement, and strategies for preventing disparities are implemented.

Biopower and Neoliberal Responsibilization

Biopower offers a different way of viewing discrepancies in urban health and wellbeing. Rather that looking at the environment as the source of inequities, biopower trains its view directly on the physical bodies and life chances of the

population, and the way that the biology of humans becomes an object of political and state-based projects (Foucault 2003; Foucault 2007).[67] Biopower is a way to connect state-level interventions with market logics and ideologies of personal responsibility and "empowerment" (Dolhinow 2010). This provides a way for the state to act for the health of its citizens without upsetting the individualist ideals of late capitalism. Further, biopower allows for incrementalism, working person-by-person rather than a wholesale structural approach to change.

Biopower makes a very different set of theoretical claims than environmental justice theory does. First, biopower sees human society as made up of bodies, and looks at those bodies not as individuals but at the level of the population—it privileges the collectivity of the nation (or, as in this case, the city and the neighbourhood). Second, biopower relies on data and statistics to understand and control that population, and empowers authorities to understand that data and speak to its truth. Third, biopower aims to align that data to the normal curve, that is, to take outliers and bring them in line with the general population. And fourth, biopower returns responsibility to the individual, as people are brought to work on themselves to bring their own bodies in line with the norm (Pylypa 1998; Rabinow and Rose 2006).

These theoretical claims outline a biopolitical pathway towards the creation of a healthier urban population, especially vis-à-vis food and diet practices. This

[67] As such, I use "biopolitical" as the adverbial form of Biopower.

path begins with assembling large datasets on health status and outcomes, thus aggregating individual bodies into a mass of data. Second, it assembles authorities to interpret these statistics and identify outlier populations and demographics, establishing an agenda to bring outliers in line with the norm, and promoting a set of behaviours and practices—designed by health experts—that individuals ought to take on to bring their bodies to meet the desired outcomes.

Neoliberal responsibilization is a cultural manifestation of these biopolitical ideals. The hegemonic neoliberalism of the late 20th and 21st century includes a great emphasis on personal responsibility (Harvey 2007; Guthman 2009; Dolhinow 2010); the notion that everyone ought to comport their bodies to fit a national ideal is part of this. The interventions include robust data-collection methods and programs for amplifying and focusing the proscriptions for healthy behaviours.

II. Environmental Justice and Biopower in Brownsville

Environmental justice and biopower arguments and processes help us to see into the work being done by the food access programs in this research. Three key issues arise out of this analysis: the gap between problem formulation and program strategy, the relationships between program designers and intervention targets, and the way pleasure is ignored or mobilized in pursuit of healthy eating.

Problem Formulation and Program Strategy

The theoretical principles of environmental justice and biopower reveal a gap between the Shop Healthy and Youthmarket programs' rationales for

intervention and their strategies for improving the food environment. More specifically, environmental justice principles frame the rationale for intervention, as both projects seek to improve food environments; at the same time, biopolitical governance is mobilized as the strategy for achieving an improved food environment through managing bodies and guiding people to make "correct" choices in the pursuit of health.

Environmental Justice Rationale

In both programs, the environmental justice basis for problem formulation is clear. Shop Healthy is a direct response to the New York City District Public Health Offices' research on healthy food availability in their catchment areas. Studies of food retail in Harlem, the Bronx, and Central Brooklyn showed a high prevalence of bodegas and a low availability of healthy food (Graham et al. 2006; Gordon et al. 2007; Alberti et al. 2008), and Shop Healthy was designed to intervene in the food environment by increasing the availability of healthy food in these ubiquitous bodegas. The language of environmental justice is present throughout Shop Healthy marketing materials. The "Implementation Guide" describes the initiative as a project that "aims to increase access to healthy food," specifically "in high-need communities of the city" (New York City Department of Health and Mental Hygiene and NYC Center for Economic Opportunity 2013, p. 1; Dannefer et al. 2012).
A 2012 press release about Shop Healthy provides another example. It includes the following quote from then-Health Commissioner Thomas Farley:

> Healthy communities need a healthy food environment. In the Bronx, nearly 70 percent of residents are obese or overweight and at higher risk for certain

> cancers, diabetes and heart disease…Shop Healthy Bronx is an opportunity to spark lasting change to our food system (New York City Department of Health and Mental Hygiene 2012 n.p.).

These public reasons for a bodega-based intervention make use of the common language of environmental justice and community food security. They speak about high-need communities with disproportionate burdens or higher risks of negative health outcomes. In addition, my interview respondents used this language of changing the food environment. Recall the employee of the Brooklyn District Public Health Office who told me that her office "had a charge to address the environment;" another spoke about how "in a lot of these communities…there are not healthy options. You can educate people all you want, but it puts the onus on the individual….[at the DOH, we] try to take that pressure off the individual."

The explanations for GrowNYC's Youthmarket program also uses an environmental justice rationale. When Tom Strumolo, the director of policy and planning, explained the origin of Youthmarket, he discussed the collapse of the farmers' market in Bed Stuy and his desire to keep food sales going in that particular location "to keep that market *at Lewis Avenue*, to provide the access." GrowNYC's website also explains the rationale for Youthmarket:

> Partly as a result of the inaccessibility of affordable fresh fruits and vegetables, many neighborhoods in New York City are experiencing epidemic rates of diet-related disease like obesity and diabetes. At the same time, the NYC Dept. of City Planning reports that more and more supermarkets are closing. Youthmarket, which is based on the Greenmarket model, seeks to overcome this problem (GrowNYC 2014).

In Brownsville in particular, employees of the Brownsville Partnership also make use of environmental justice and community food security ideas when they talk about the reason for partnering with GrowNYC. The BP's health coordinator, for

instance, told me that the organization was responding to residents' complaints that the food in Brownsville was not as good as in other neighbourhoods. However, this discrepancy is a symptom of broader disinvestment, and the Youthmarket was invited into the neighbourhood to act as a positive presence:

> We frame it as 'visible neighbourhood change'…the entry point is health, but it is actually a lot more than that. The Youthmarket is a place where you can buy produce, but its also a place where you can congregate that is safe.

This type of statement connects the environmental justice of food access to other environmental concerns, such as the unequal burden faced by poor communities and communities of colour in terms of crime, neighbourhood neglect, and a general "lack of beneficial environmental conditions" (Harwood 2003, p. 25).

Environmental justice is the clear rationale for the Shop Healthy and Youthmarket food access interventions. Environmental justice activists take note of situations where poor people and communities of colour are disproportionately burdened by their proximity to harmful environments, and seek to remedy that; inadequate access to healthy food is yet another instance of this longstanding problem. A commitment to environmental justice means working to improve the food environments where people live so that everyone has equal opportunity for good health and a high quality of urban life.

Biopolitical Strategies

The designers and implementers of the Shop Healthy and Youthmarket programs do not limit their interventions to those that increase the availability of healthy food in the targeted areas. As these programs make use of environmental

justice rationales they simultaneously use biopolitical strategies aimed at changing people's eating behaviour. This betrays a second-order idea of the cause of health disparities in low-income and minority neighbourhoods—a belief that people eat poorly because they are uneducated about proper, healthy eating and why it is important.

Though this position is rarely stated explicitly, employees of the Department of Health and GrowNYC openly discuss the aspects of their programs that move away from expanding food access. Phrases like "create demand" and "change behaviour" are commonly used in reference to both the Shop Healthy program and Youthmarket, and nutrition education is embedded throughout the programs. These nutrition education offerings, with their goal of showing people how easy, affordable, and tasty home-cooked and healthy meals are, are biopower at work. The pathways to health are those of biopower: the groups with negative health outcomes are identified, data is gathered through tools like the New York City Community Health Survey[68] and FITNESSGRAM,[69] experts interpret that data, outliers are identified, and strategies of behaviour change—nutrition education, cooking demonstrations, Adopt-a-Shop—are rolled out in order to put pressure on individuals to work on themselves and take responsibility for their communities' food needs in order to bring their bodies in line with the norm.

Adopt-a-Shop especially uses language of empowerment and ownership.

[68] An annual telephone survey of York City approximately 8,500 adults across all five boroughs of New York City (New York City Department of Health and Mental Hygiene 2014).

[69] An annual fitness assessment of public school students in New York City that includes taking the height and weight of all pupils and calculating their Body Mass Index (BMI).

The Adopt-a-Shop workshop facilitator explained to the participants that the key to success in bodega improvement is "community involvement, and that's where you come in." She said that the DOH is not able to take on all this work, but also that "we [DOH employees] don't live in this communities. If we come in with DOH tags and tell store owners about low-sodium canned beans, it doesn't mean as much." In response, the Brooklyn DPHO Shop Health coordinator addressed the participants and insisted that "the Department of Health is here to support you, but this is *your project*."

Strategies to encourage community members to take on the work of Adopt-a-Shop are examples of neoliberal responsibilization. By putting pressure on neighbourhood residents to see this as "their project," individuals are reconfigured as the problem. First, rather than understanding unhealthy bodies as symptoms of an unequal society, the ill-health experienced by poor communities of colour is re-cast as a visible signifier of individual worth. "Good" citizens are the ones that care about their health and take action to improve it by losing weight and avoiding diabetes, hypertension, and heart disease (Kirkland 2011; Biltekoff 2013). As Pylypa (1998: 25) puts it

> The ideology of individual responsibility for health creates a belief in a personal obligation to maintain good health through dieting and fitness activities…conceptions of normality and deviance are manufactured so as to create the types of bodies that society needs.

The language of empowerment used by the DOH staff is indicative of this intent. Second, the work of modifying personal behaviour and influencing neighbours, family, and other community members is one way that responsibilization imposes

"onerous obligations" in situations of "apparent choice" (Rabinow and Rose 2006: 209).

Crucially, the biopolitical focus on individual bodies and their deviation from the norm counters the environmental justice approach that draws responsibility away from individuals and onto the environment. Instead, projects like Adopt-a-Shop put the onus on community members to be responsible for the entire community's health. Environmental change is insufficient. As an Adopt-a-Shop facilitator stated in a workshop: once bodegas begin stocking healthier items, it is incumbent on community members to "sustain the change by creating demand." However, the biopolitical strategies do not supplant the environmental justice aims of these programs. Instead, they mesh with them, creating a hybrid environmental/personal approach to food access. The two ideas are held in tension as these programs are always both environmental justice and biopolitical projects.

This simultaneity is on clear display in this statement about Shop Healthy from Linda Gibbs, the Deputy Mayor for Health and Human Services:

> Considering that obesity and its health impacts, such as heart disease and diabetes, disproportionately affect low-income communities, it is critical that we make progress in increasing access to healthy food – and decreasing access to junk food – in these neighborhoods…Lasting change can be slow, but daily decisions as simple as buying an apple instead of a sugary beverage can have positive long-term health impacts (New York City Department of Health and Mental Hygiene 2012 n.p.).

In this one thought, the Deputy Mayor calls upon the environmental justice paradigm of disproportionate burden and differential access as well as the personal behaviour of snack selection.

The hybrid approach is also present in program designers descriptions of their programs. One DOH employee explained to me the point of Shop Healthy:

> [Our goal is to] change the environment that will then influence personal behaviour change. Instead of educating the person to tell them what choice they should make, it's actually making a healthy choice an easier choice.

This use of language, particularly that of *changing the environment in order to change behaviour*, clearly shows how these two ideas are held together. The goal is behaviour change—healthier eating—and the mechanism is environmental change. However, other versions of the problem formulation and change theory place the goal and strategy in the reverse order—changing behaviour in order to change the environment. This includes the idea that Youthmarket needs to create demand in order to sell the goods at the market, and the aspects of Adopt-a-Shop that call upon community members to "prove" that there is a demand for healthy foods. This direction of cause and effect holds that because bodegas will only stock what people will buy, a healthier environment can only be achieved through healthier behaviour.

These techniques of responsibilization complicate the stated environmental justice approach. Though public health practitioners and urban planners embrace the idea of "creating healthy food environments" they also stress the need to create proper citizens who choose healthy food. They want to engage in work that acknowledges the legacies and realities of segregation and disinvestment and takes the responsibility for obesity and diabetes off individuals, but they are unable to fully reject the neoliberal ideology of personal responsibility for health, even though

there is no indication that the low-income people in underserved neighbourhoods especially need the nutrition education and healthy cooking demonstrations.[70]

Relationship Between Experts and Citizens

Environmental justice and biopower also offer a way to conceptualize the way the people in power see the targets of their work. How do the designers of the Shop Healthy and Youthmarket programs understand the food access barriers faced by Brownsville residents and the shopping and eating practices of low-income people generally?

The way experts make decisions that shape the lives of urban residents is a constant discussion in planning scholarship. Expertise is, after all, one of the sources of planning's legitimacy (Rein 1969). Chambers (1994) notes that "most professionals have been confident in imposing on others their own beliefs, and the policies and programmes which follow from them…Later, many of these beliefs and actions have proved astonishingly erroneous" (14). Activist groups and justice-minded planners have pushed back against these tendencies. Approaches such as advocacy planning (Davidoff 1965), community planning (Needleman and Needleman 1974), and communicative action planning (Innes 1995) have offered ideas for re-shaping how planning approaches urban residents and proposed ways for community members to play a bigger role in shaping the city. Though many of

[70] It may be true that cooking skills and kitchen confidence are on the decline in United States and the UK as processed food (cans of soup, frozen dinners) and food for purchase outside the home have become more accessible and affordable (Lang and Caraher 2001; Cutler, Glaeser, and Shapiro 2003; Engler-Stringer 2010, McMillan 2012). A decline in cooking that parallels what Cutler, Glaeser, and Shapiro call "a revolution in the mass preparation of food" (p. 93) is a culture-wide shift; the absence of cooking skills are certainly not more prevalent in the poor, yet the nutrition education project is directed largely towards low-income people.

these ideas have become incorporated into practice in planning departments, the privileged position of expertise has not diminished.

Biopower and environmental justice provide two different ways of seeing how planners and policymakers view the targets of their interventions from positions of expert authority. Neither the biopolitical or the environmental view allows program designers to see actually-lived food shopping, preparing, and eating practices; both approaches exert power over the lives of underserved citizens.

An environmental justice frame offers a view of people as shaped and constrained by their environment, but also immobile, and unable (or at least unlikely) to cross neighbourhood boundaries. This is revealed through the reports that use maps to show that certain areas of the city are underserved by supermarkets and oversaturated with bodegas, and then go on to make claims that this has a direct result on diet. This is further shown by the interventions at the scale of an individual store: putting fruit by the cash register or moving water to eye level are thought to encourage impulse purchasing of healthy items because people's food choices are shaped by what is visible and available, not rational or strategic decision-making.[71]

This outlook is supported by the belief, on the part of planners, program designers, and public health practitioners, that the language of "food deserts" is applicable to New York City. The powerful idea of food deserts motivates the environmental justice approaches that seek to solve food access by 1) acknowledging unequal food environments and 2) responding with environmental

[71] Which is not to say that it is not effective. See Farley and Sykes (2015).

justice solutions that take as their aim the introduction of more sites of fresh and healthy food retail in underserved communities. There are many desired forms of food vending and distribution: supermarkets, farmers' markets, healthy corner store programs, food box schemes, increased transportation to food retail, and even, to some extent community gardens and other urban agriculture projects. The logic here is that the problem is insufficient food retail and the appropriate solution is to increase places to purchase food. Food desert and environmental justice understandings view neighbourhood residents as fixed in place. People are locked into their neighbourhoods and they do not leave.

However, residents of Brownsville show great willingness to leave the neighbourhood in pursuit of supermarkets that they deem acceptable: those with good prices, good quality, and courteous staff. These shopping practices go unacknowledged by Department of Health and GrowNYC staff and the solutions to food access proffered are only about bringing food into the neighbourhood and not presenting it in the particular ways that shoppers find appealing. This limited view grows out of the professional discourse of "food deserts" rather than the lived experience of how people make shopping and eating choices. It reveals an inadequate understanding how food access barriers can be overcome.

Still, program designers do not fully commit to changing the environment as a solution to food access and unhealthy diets. At the same time as they aim to improve the environment they also lean on nutrition education and behaviour change strategies. Indeed, biopower offers a different angle for analyzing how policymakers view the targets of their interventions. In the biopolitical view,

program designers—like their Progressive Era predecessors intent on assimilating immigrants—see the residents of underserved neighbourhoods as subjects to be guided, people whose behaviours and desires must be shaped in order to bring their bodies in line with the ideal. Members of socioeconomic groups with greater propensity for obesity, diabetes, heart disease and hypertension are pushed to take responsibility to align their deviant bodies to the norm. This is the "risk profiling" described by Rose (2001), wherein otherwise healthy individuals are made the subjects of surveillance and intervention. Those with a higher likelihood of certain conditions (say, diabetes) because of their socioeconomic status must live differently than others; the risk factors justify onerous "preventative intervention into the lives of 'the usual suspects'" (p. 11).

A biopolitical view of the residents of underserved neighbourhoods opens up space for health promotion, personal responsibility, and a shift away from naming structural inequalities as the culprits of ill health. Brown (2005: 43) writes:

> The rationally calculating individual bears full responsibility for the consequences of his or her actions no matter how severe the constraints on this action—for example, lack of sills, education, and child care in a period of high unemployment and limited welfare benefits. Correspondingly, a "mismanaged life," the neoliberal appellation for failure to navigate the impediments to prosperity [or health] becomes a new mode of depoliticizing social and economic powers.

Here, strategies guided by techniques of biopower do not point the finger at food companies for making unhealthy things the most affordable, address the prevalence of fast food, note the high costs (in dollars and time) of preparing healthy meals, or name the multiple ways that poverty affects ill health—that is, the way that food and health disparities are symptoms of structural injustices. Such types of injustice

require what Young (2013) terms a "social connection model" for assigning collective responsibility, rather than an individual "liability" model of blame. The techniques of biopower do not reach for collective responsibility. Instead, they promote the idea that people should have the personal resolve to spend time and effort seeking out affordable produce and preparing meals.

This push to self-regulation embedded in biopolitical governance is as partial as the environmental justice approach when it comes to understanding the ways that residents of target neighbourhoods live their lives. Most of my respondents in Brownsville demonstrated clear interest in healthy food and knowledge about what is good for them and how to prepare it. At the market, in focus groups, and at Adopt-a-Shop workshops, people swapped recipes and cooking techniques, discussed their favorite vegetables and talked about the value they placed on healthy, untainted food. A further example of the way low-income shoppers have mastered the art of self-regulation is in the way they manage the multiple currencies available for grocery shopping. in Table 2 (Chapter 5) we see the many different ways people are able to pay for food at the Youthmarket: Cash, credit, debit, SNAP, WIC, FMNP, Health Bucks, and so on, all of which have different rules about how, where, and when they can be spent. The way that people make use of their Farmers' Market Nutrition Program dollars is especially revealing. These are the $4 checks that can be spent at farmers' markets in New York State; $24 are allotted each year to low-income seniors and women receiving WIC. When using them at the market, shoppers tended to select produce in batches that cost $4, using one check to pay for

each small selection. This shows incredible calculation, rationing, and regulation: skills developed by the realities of being poor.

In sum, both environmental justice and biopower offer ways to look at the question of how expert program designers view their target populations. Each lens allows a different view of the unhealthy residents of underserved neighbourhoods, but both are mobilized by program designers and implementers and both offer a partial picture of how people interact with their food environments. Where environmental justice fixes individuals in place and stresses the way the environment acts on bodies, biopower concentrates on enrolling individuals in programs of self-regulation and self-maintenance.

However, both views justify the power that the state exerts over populations. Environmental justice, by stressing the way the environment acts on people, diminishes the agency of residents in unhealthy food environments. Public health, city planning, and non-profit program designers reach down and "fix" these places in the paternalistic mode of progressive-era reformers. The improvements sought are those that reflect the desires and preferences of the middle-class professional agents of change (Rosen 1971; Lupton 1995; Belanger 2009), particularly, the paternalistic and patronizing "white desire to enroll black people in a particular set of food practices" (Guthman 2008: 432).

Biopower, with its neoliberal focus on empowerment, hides the way that power is exerted. Miraftab (2004) writes of the "disempowering work of empowerment;" noting that where community participation, empowerment, and the recognition of social capital were once the rallying cry of activist groups and social

movements, they have since been coopted by neoliberal governments to depoliticize action and solidify market-based transactions. The idea of empowerment, in particular

> seems to have been hauled full circle, for use as a benign promise of the experts' participatory packaged development projects, to be bestowed by experts on the disadvantaged communities. Participation and empowerment are treated as independent of the structures of oppression, and simply processes by which programs foster individuals' sense of worth and esteem. This individualization inherently depoliticizes the notion of empowerment, often reducing it to individual economic gain and access to resources, and leaving the status quo unchallenged (p. 242).

Pylypa (1998: 27) connects the idea of empowerment directly to programs that promote food and health by valorizing ideal bodies, pointing out that "in the discourse of fitness and thinness, free will is linked to willpower, empowerment to self-discipline." In this way, power masks itself as empowerment. Brown (1995) also calls attention to the way empowerment "converges with a regime's own legitimacy needs in masking the power of the regime" (p. 23). There is an "oddly adaptive and harmonious relationship" (p. 22) between empowerment and domination, especially when the sense of self-worth that empowerment seeks comes from sources external to the community or group. That is, when the importance of healthy eating—particularly specific food practices—and fitness are imposed top down, empowering communities to take on the work of self-improvement is a form a state power. And even though "the will to empower can be done with the best intentions" it still remains a way to regulate the marginalized (Dolhinow 2010: 146).

Ultimately, both environmental justice and biopower limit the way that planners and policymakers view the targets of their interventions and constrain the ways they push for improvements in food and health. Neither allows program

designers to see actually-lived food shopping, preparation and eating practices; both require power over the lives of underserved citizens. What this reveals is a power structure that is designing programs and interventions for populations it only partially understands.

Food and Pleasure

Finally, I call upon the earlier discussion of food as pleasurable to further flesh out what the environmental justice and biopolitical theories of food access lack. Neither are fully able to grapple with food and eating as a personal, intimate, and pleasurable part of life. Fundamentally, both theories marginalize pleasure, albeit in different ways.

Where environmental justice is concerned, there is no proper place for pleasure or culture in its worldview. Environmental justice stresses equitable distribution of both helpful and harmful resources and an overall reduction in unwanted and toxic incursions into the environment. In food, this dichotomy translates into *beneficial* fresh, healthy and affordable food, and *harmful* food deserts or "food swamps," defined as areas where only unhealthy items are available, usually at fast food outlets and corner stores.

Though the principle of "cultural acceptability" is part of the definition of Community Food Security, an environmental justice approach demands only that a neighbourhood ought to have adequate and culturally relevant healthy food, it is silent when it comes to delicious food or pleasurable treats. Further, cultural acceptability is usually taken to mean ethnically appropriate, such as selling

tomatillos and tortillas in Latino areas or Kosher food in orthodox Jewish neighbourhoods.[72] Cultural appropriateness is often taken to be a proxy for generally healthy food, such as the alternative food movement's valorization of "traditional" food for being pure and unsullied by unhealthy capitalist influences. See, for example, Michael Pollan's instruction to not eat anything your grandmother wouldn't recognize as food (Pollan 2009), or the idea of the Mediterranean diet (or its more extreme cousin, the Paleo diet). This idea of culture ignores unhealthy eating cultures, or what Baccini (2010) terms "Butter Cultures," even when dishes that are high in salt, sugar, and fat are "traditional" foods of the standard American diet (Grotto and Zied 2010; Moss 2013). For instance, foodie culture celebrities like Paula Deen and Guy Fieri have made their reputation highlighting the down-home authentic charm of American fare like doughnuts, barbeque, and even deep-fried butter (Moskin 2007; Fieri and Volkwein 2008; Forbes 2011)—food items far from the fresh fruit and vegetables promoted by public health and food justice advocates. For some, the ideal healthy foods, such as fresh produce, whole grains, and lean meats and fish, are delicious, favored, and pleasurable foods. (These preferences, especially when tied to organic, local, and sustainable sources, are coloured by whiteness (Slocum 2007; Alkon and McCullen 2010).) But for many others, unhealthy items, such as deserts and comfort food, have the most appeal. An environmental justice approach that focuses only on the equitable distribution of access to fresh and healthy food does not consider that equal access to these often

[72] In New York, for instance, *Masbia* is a Kosher soup kitchen and food pantry network with three locations in Brooklyn and Queens.

unhealthy foods may also be important to people who prioritize these pleasures. Environmental justice misses what Walzer (1984) calls "complex equality," an interpretation of justice that does not require a fair and equal distribution of all goods, but instead "a diversity of distributive criteria that mirrors the diversity of social goods" (p. 18).

To bring this discussion back to the actual work done in New York City, increasing access to healthy food is often paired with the ideal of *decreasing* access to unhealthy food. Recall the woman from the Department of Health lamenting that she could not ask bodega owners to remove candy from the area by the cash register, she could only add bananas to the mix. The Shop Healthy approach that seeks to make bodegas more like green grocers misses the fact that bodegas are successful businesses because they sell inexpensive luxuries that people want: beer, soda, candy, chips. Making these items less available might solve public health goals, but that might reduce the pleasures available to those with low incomes, and quite possibly put some bodegas out of business.

A second example is the product mix deemed appropriate for the Youthmarket. While many Greenmarkets sell a great variety of items, including cheese, bread, cakes, pies, sausage, pickles, wine, cider, and beer (GrowNYC n.d.; Rozmus 2014), the Youthmarket sells only produce, and mostly vegetables at that. Requests from customers indicated a desire for a wider variety of products; people asked for sweet tropical fruits including bananas and mangoes, prepared foods, and pies. In one instance, a man furious at the Youthmarket staff for not selling pie pointed out that "the other market, up the road" had pies. The Youthmarket does not

carry tropical fruits because of the rules about only purchasing from local farms, but the lack of pies (and cookies and cakes, and meat, and bread, and beer and other non-essential items) is a result of the programmatic mission to increase access to healthy food—fresh fruit and vegetables—in an underserved neighbourhood. The environmental justice theory that guides that mission does not ensure that the market also provides for pleasure and sells tasty (if unhealthy) baked goods. In contrast, a community-run farmers' market I visited in Bushwick (about 3 miles north of Brownsville) that was founded on the principle of community engagement as well as food access was better able to include food intended for pleasure. There, a neighbourhood resident sold traditional Japanese cakes—a product aimed at delight and not just health.

Youthmarket also differs from other markets in terms of feeling. The market feels quite small and lackluster, especially in contrast with the flagship Greenmarket at Union Square or the community-run markets in Bushwick and East New York. The uninspiring social space of the Youthmarket is also a question of pleasure: the sole focus on bringing fresh food to the neighbourhood neglects the other benefit of a farmers' market, such as gathering space, sociality, and neighbourhood vitality. The Brownsville Youthmarket could bring those pleasures to a neighbourhood characterized by public housing, crime, and a lack of green space, but the focus on food neglects those other priorities. It is possible, though, that appealing to pleasures could bring people to gather, socialize, and shop, and healthier eating could be a result.

The biopolitical approach that governs the nutrition education and behaviour-change strategies of Shop Healthy and Youthmarket marginalize pleasure in a totally different way. Rather than just failing to make space for pleasure within the programmatic interventions, biopower demands a management of pleasure, both by pressuring people to damp down or resist their cravings for unhealthy food,[73] and by promoting a contortion of personal desires and preferences to bring them more in line with elite ideas of "good" food. It is not enough that people should eat more leafy greens, they should find joy in the practice.

Biopower opens up theoretical space for returning responsibility to individuals to perform a desire for healthy food; this performance is intended to communicate to local stores that they can be profitable selling healthy items. The nutrition education aspects of these food access programs, however, betrays an anxiety about the behaviours and bodies of the poor. Strategies that train poor and minority people to chose, cook, and eat healthy vegetable-based meals aim to change practices, but, beyond that, they also aim to shape desires, and make people want and crave the healthy foods that are common to those engaged in public health and food access work.

This shaping of desires is evident in the way that nutrition lessons play up the pleasurable sensory aspects of the healthy items and dishes. Discussions of how *tasty* a fresh fruit smoothie is, how you'll find yourself *enjoying* low-fat milk once you make the switch, how *good* the sautéed kale is without any added salt, and how *fun* it can be to make a healthy salsa with ingredients from the bodega are all

[73] As Cookie Monster teaches, "a cookie is a sometimes food" ("A Cookie Is a Sometime Food" 2005)

rhetorical tactics that work to manipulate desire. The Youthmarket staff, too, are trained to discuss how good the food is: how crunchy the apples are in contrast with supermarket apples, how sweet the corn is, how fresh everything is. These practices appeal to the senses—what Alison Hayes-Conroy and Jessica Hayes-Conroy (2010; 2012) discuss as "visceralities"—and promote not just the health aspects of fresh fruit and vegetables, but also the pleasurable ones. These pleasures however, are the pleasures of the elite classes, and though they may be shared by anyone who loves vegetables, they are difficult to cultivate for those who are used to the textures, flavours, and salt and sugar levels of inexpensive processed food (Moss 2013).[74]

The way those designing healthy food interventions seek to modify the choices of others is apparent in a conversation I had with one DOH employee. While discussing Shop Healthy's earliest iteration, which focused solely on low-fat milk, she explained what she knew about why people chose full-fat milk over low-fat:

> We had been hearing…that people didn't trust low fat milk, so we really needed to do a lot of work around busting all the myths around low-fat milk. Especially for immigrants who feel like low-fat milk is for poor people or that it's watered down milk, that it doesn't have the same nutrients as whole milk. [They reason], why would you ever get low-fat milk when you can afford whole milk, they're the same price?

To encourage people to change their practices and choose low-fat milk, the DOH had to do more than just make the low-fat milk available, they had to actively promote the benefits of a lower-fat diet. However, the position that lower fat food is more healthful is a current nutrition idea that has not always been the case, and is

[74] In an article titled "The 5 Stupidest Habits You Develop Growing Up Poor," Cheese (2012) lists "develop[ing] a taste for shitty food" as the first example.

beginning to fall out of favor (Hyman 2013; Lopate 2014). What is unacknowledged, though, is that higher-fat milk might also be more delicious—in contrast to the "watered down" low-fat milk it is thicker, richer, with more flavour.[75] Even if the misconceptions are cleared up by a rigorous DOH education campaign, it does not follow that people will inevitably switch milk preferences.

A second example is the local-only rule that governs both Greenmarket and Youthmarket. This necessarily means eating only foods that are in season: peaches, tomatoes, and corn only in the height of summer; potatoes, apples, and cabbage as the weather cools; storage crops over the winter. For residents of underserved neighbourhoods, the somewhat ascetic nature of eating local does not hold any particular appeal. The requests for mangoes and bananas at the Youthmarket is relevant here too. Where eating locally and seasonally is a pleasure for some, primarily those for whom abundance is a given (Nabhan 2002; Smith and Mackinnon 2007; Kingsolver, Kingsolver, and Hopp 2008; Cotler 2009; Brones 2013; Dreese 2013), it holds no particular interest for many who struggle to consistently find the foods they want. Saying "we don't sell mangoes because they don't grow locally" or "we don't have any more tomatoes because the season for them is done" is just more disappointment for someone who has trouble finding those items. An interesting historical precedent is the New Diet Kitchen that Jane Addams started at Hull House, which was a program to change the food habits of

[75] Mol (2010) writes of how richer, higher-fat foods can lead to greater satisfaction and thus, less overeating.

immigrants and the working class and teach them proper New England cooking. This project failed, as immigrant women were not interested in giving up their cooking traditions. When Addams dropped the emphasis on changing food habits and instead focused on "cheap and efficient ways of living," Hull House was able to provide "a cozy space where people dined, communed, nourished, and sustained themselves and each other" (Lee 2011: 72).

When discussing sweet, crisp, colourful, delicious and fresh fruits and vegetables, the pleasurable aspects of food are stressed and promoted. However, pleasure is downplayed when it comes to junk food. Dr. Meri Kolbrener is able to speak eloquently about the desire for pleasure faced by the urban poor when she discusses the eating habits of her patients—"lets say you have a choice of going home and making yourself rice and beans and some broccoli, or going to McDonalds, costing the same amount. Your life is stressful, you don't have enough money, your housing situation might not be stable…at the moment you want a little pleasure" (Plotz 2014)—but the biopolitical techniques of behaviour regulation do not acknowledge this. Because biopower is about normalizing bodies, the pleasure in unhealthy, body-damaging food is seen as deviant, particularly when it is the pleasure of overweight people (Pylypa 1998). (Thin people can engage in all sorts of unhealthy behaviours without their bodies being targets of scrutiny (LeBesco 2003; Guthman 2009)). Pleasure, rather than something to be understood and worked with, is an urge that must be suppressed when targets of healthy food interventions

are instructed how to make their bodies healthy.[76] This approach subsumes pleasure for fitness and health at the same time as it tries to modify pleasure so that people delight in a crisp apple or a beautiful bunch of kale. It normalizes not only bodies, but also pleasures; public health experts (for whom healthy eating *is* a pleasure) strive to make their pleasures universal.

Conclusion

In specific moments within the work of food access, environmental justice and biopower are adequate to explain what frames the motivations, strategies, and desired outcomes of healthy food expansion programs. Environmental justice theories conceptualize what planners and public health practitioners are trying to achieve in their quest to improve sub-par food environments; they are attaching their work to a fight for equal distribution of resources amongst different socioeconomic groups and subscribing to an ideology that says that the environment acts upon humans and both reflects and creates differences (Guthman and Mansfield 2013). On the other hand, theories of biopower provide some understanding of what motivates the nutrition education and behaviour change components of food access work; in this mode, environmental change is seen as an incomplete solution, and instead, members of demographic groups with non-

[76] An alternate strategy for changing behaviour around unhealthy items is the "sin tax" – a value-added tax on cigarettes, alcohol, and soda. These taxes have two intended effects. First, policymakers hope taxes will reduce consumption of unhealthy-but-pleasurable goods by increasing their costs. Second, taxes are implemented to raise revenue to address the negative consequences of these items, such as anti-smoking campaigns (Joyner and Warner 2013). While the higher prices are meant to encourage citizens to weigh their pleasure against financial realities, the fact of revenue generation means the state literally capitalizes on pleasure.

normative bodies (fat bodies, diabetic bodies, malfunctioning hearts) ought to work on themselves to bring their bodies in line with normal and ideal bodies.

What is clear is that neither theory is sufficient to explain the inconsistent approaches taken by municipal and non-profit actors working to further health and wellbeing of urban dwellers. Those acting to achieve improved health outcomes turn to metrics associated with diet choices because unlike, say, genetics, diet-based interventions are possible (which is not to say easy). All human beings must eat and the food that is eaten can change. The mechanisms for affecting that change, however, are not well understood. The research on diet, health, and proximity to supermarkets returns conflicting results. There is no agreed-upon definition of what constitutes a food desert or an adequate food environment. It is not proven that those with poor diets have less knowledge of what healthy food is.

What results from this piling-on of approaches that are framed by both environmental justice and biopower is a hybrid ideology that uses environmental justice to frame a rationale for intervention, and biopolitical techniques of governance as a strategy for ensuring that people both push for and make good use of healthy food options in their neighbourhoods. With this setup, key aspects of food and eating are elided. This hybrid ideology results in public health practitioners who mischaracterize the food environments of target neighbourhoods, ignore the food desires of the community, overlooks the actual shopping and eating practices of neighbourhood residents, and fail to address the true barriers to a healthy diet and overall wellbeing faced by the urban poor.

Chapter 9: Recommendations and Future Research

At the end of a day of selling vegetables, the Youthmarket staff took account of the market's activity. They totaled up the cash, FMNP checks, and SNAP transactions, weighed the remaining produce and recorded what was left over, and placed the order for next week's market. They packed up food to donate and take home, folded the tents and tables, swept the sidewalks, and loaded all the equipment into the van (all the while recounting the stories of unusual customer interactions). The youth were assigned these tasks because they were necessary, both for the market's operation and for the business education of these young people.

At the end of a market day, it is important to count up what you have, reflect on what could have worked better, and make plans for next time (order twice the amount of carrots, none of those poorly-selling brown pears). Here, I do the same with this research project. In this chapter I first reflect on other approaches I could have taken in the study of food access in New York City and the strengths and weakness of the environmental justice and biopolitical approaches. Second, I offer recommendations for food based interventions generally and the Youthmarket and Shop Healthy programs specifically. Finally, I discuss a few unresolved issues and offer some thoughts on future research that will move us towards a better understanding how to address food and diet-related health issues in New York City and beyond.

Other Approaches

I undertook this research to investigate the way that food access programs were operating in New York City at a time when interest in food access was growing and more and more groups, organizations, companies, and agencies were addressing food access work. The approach I chose for answering my research questions is only one amongst possible ways of looking. In this section, I briefly discuss some other ways that the questions of food access motivations, strategies, and relationships could have been asked and answered.

One alternate approach could have been to identify *all* the food-related programs and policies in New York City, creating a typology and looking at diversity and similarities. In this dissertation I have focused on two main programs—Shop Healthy and the Brownsville Youthmarket—and touched on a number of other activities, including the Stellar Farmers' Markets program, Cookshop, FRESH, and School Wellness. There are many more examples. At the municipal level, there are also the Green Carts program, the city-owned public markets like the Essex and Moore Street Markets, and the vast amount of meals served by City agencies each day (Public Plate Working Group 2014). The Department of Health has campaigns directed at reducing salt and soda consumption. Non-profits other than GrowNYC do food access work as well. To name a handful, City Harvest has a bodega-improvement program, Added Value runs an urban farm in the Red Hook neighbourhood of Brooklyn and has partnered with NYCHA to plant food gardens on housing property (Venugopal 2013), Community Development Corporations are adding healthy food access to their program areas, and the organization Just Food

has been offering support for community-based food access programming for the past 10 years.

A research project that worked to identify the full range of food access programs and interventions in New York City would add clarity to a somewhat muddled field. It would identify overlaps and blind spots, show which organizations partner effectively and which are working alone, and allow for a broader understanding of the types of people working on food access, their motivations for doing so, and the strategies being employed. However, a project to understand the complete field of food access work would necessarily give short shrift to the question of what these programs look like on the ground and inside communities, and how community members react to the programs.

A second alternate approach would have been to zoom in on the neighbourhood under study and look at all of the ways that the City, non-profits, and community organizations are offering assistance to Brownsville. When I first visited the seniors centre at the Brownsville Houses, the director of the centre noticed that I was carrying my bike helmet. He asked where I had left my bike, and when I said I had locked it to the fence outside he suggested I bring it into his office. "The guy from City Harvest always leaves his bike in my office," he told me. It wasn't until this exchange that I truly understood that Brownsville is a neighbourhood constantly visited by outsiders.

A research project that sought to understand the volume and diversity of attempts to "help" this one particular area would not isolate food from the larger ecosystem of social service and neighbourhood improvement projects in what *The*

New York Times calls "The Poorest Neighborhood" as they run a series of articles looking at Census Tract 910, which has the lowest median household income in New York City, and is a part of Brownsville (Secret 2014; Goldstein 2014; Hu 2014a; Hu 2014b). An analysis of the motivations and strategies for all types of programs—not just food—would allow deeper comprehension of how outsiders who mean well understand the issues faced by the target populations. It would permit a deeper discussion of anxieties about the lives, behaviours, and choices of poor and minority city residents. This approach, however, moves away from food. I believe that food is special and deserves particular attention, not only because of its associations with pleasure and culture, but also because it is a topic that is gaining more and more attention and studies that deal with the effects of that attention are necessary and important.

A third alternate approach to this project is to offer a different theoretical lens to the data I gathered while researching these two cases. One potential framework is that of Political Ecology of Health, which both illuminates "how social and environmental systems intersect to shape health across spatial and temporal scales" as well as shows how health discourses are produced by different actors and institutions and brings out counter-narratives of health that challenge those dominant representations (King 2010 p. 40). Megan Carney (2014) suggests using this frame to investigate questions of food access in her discussion of the biopolitics of food insecurity. She points to the inclusion of human health into the work of political ecologists in two ways: the acknowledgment of the body as an environment

and the necessity of looking at healthy and unhealthy bodies "within the wider ecological context of (un)healthy landscapes" (p. 2).

This way of thinking about bodies and environments has become a named field or theoretical framework in its own right. Political Ecology of Health comes out of health geography and disease ecology traditions. It blends ideas from critical geography—especially Marxism, Science and Technology Studies, and medical anthropology—with particular attention to the history of places and places, politics, and the way that material and non-human actors affect health. (Jackson and Neely 2014; Guthman and Mansfield 2013; King 2010). Julie Guthman and Becky Mansfield (2013: 489) put it clearly: "the focus in political ecology of health is on how human actions, and especially larger-scale political economic processes, change ecological processes in ways that create new health problems."

For my research into the food access programs in New York City, a political ecology of health approach would offer a more expansive view of the environment than environmental justice thinking does. Scholars of political ecology of health critique a view of the environment that is static and seen as a container of people or a fixed landscape that promotes or harms health. Political ecology of health is more attentive to how the environment is shaped and re-shaped through social relations and power dynamics, as well as the ways that people and chemicals flow through places. Political ecology of health would also offer a way to further connect health to politics and cultural systems, including the way that health is defined and whose definitions are accepted and acted on.

Paul Jackson and Abigail Neely (2014) offer three perspectives for constructing a Political Ecology of Health methodology in what they call "an effort to triangulate a practice" (p. 6). These are: understanding knowledge as partial and situated, using Marxism and feminism as analytical frameworks, and bringing non-human actors to bear on healthy and unhealthy nature-society relationships. These three lenses combine to provide a way to do Political Ecology of Health research. Though I have not used this phrase in my writing, I think that my analysis of the Shop Healthy and Youthmarket program squares nicely with these strategies. First, I have returned to the idea that knowledge is partial and situated, contrasting what health officials "know" about food environments with the ways that community members speak of their food access barriers, and questioning the underlying assumptions about what a healthy body is. Second, I have paid attention to the place of politics and capitalism in these attempts to solve food access problems; I call attention to the way that poverty and health intersect, how capitalism produces unhealthy food environments, and how agents of the state define what healthy bodies and healthy food look like. Finally, I have sought to understand the way that the material world and some non-human actors are implicated in health. The way that environments affect health is key to political ecology of health research and the (contested) ways that foods act upon the body is a crucial aspect of unseating dominant narratives of health and "healthism" (Guthman 2011; Scrinis 2013). Though this debate has not been foregrounded in this research, its impact is clear.

Thus, while Political Ecology of Health offers a different language for theorizing the food access programs I have researched and foster connections to

other health research in geography, anthropology, and STS, it is uncertain that this approach to interpreting my data would reveal new insights. It also potentially narrows the inquiry to a focus of how health ideas are produced and the influences of politics and the environment on health outcomes, which would give less weight to the questions of neighbourhood vitality, and urban space, and the ability of communities to push for interventions

A final word on environmental justice and biopower

I have made use of the concepts of environmental justice and biopower to frame my analysis because they have provided a way to interpret the motivations and strategies of those seeking to improve food access in New York City's underserved communities. Yet, each concept has its own strengths and weaknesses.

Environmental justice calls attention to the environmental and spatial dynamics of food access, showing how it is not simply the concern of individuals. In that vein, environmental justice is rightfully mobilized to highlight the structural barriers to food access and remove blame from individuals. EJ provides a framework for identifying and addressing differential exposure to benefits and harms and connects food justice work to histories of discrimination, disinvestment, and fights to improve quality of life in poor urban neighbourhoods. And finally, environmental justice is a straightforward concept, easy to understand and apply across cases. However, this simplicity is also one of EJ's weaknesses, as it may contribute to a mischaracterization of all disparities as environmental justice concerns. Though Sze and London (2008 p. 1332) argue for embracing the "wide-

ranging" character of EJ, if all cases of uneven exposure or access are issues of environmental justice concern, the term may well lose its meaning. In that sense, it risks being appropriated by members of privileged groups to argue against any unwanted land uses in wealthy neighbourhoods (for example). Another weakness of the concept may also be its roots in activist campaigns—it is not a theoretical construct at its core. Instead, it is an articulation of demands, an imagination of a desired state, and a strategy for action. As such, its utility for investigating questions that open up the *why* and *how* of power and opportunity discrepancies is somewhat limited.

Biopower's strengths are its attention to power, its focus on how people are treated in aggregate, and its explanation of how population-level interventions are brought down to individual bodies and behaviours. In this project, the concept of biopower has been crucial for understanding how stated environmental justice aims get reconfigured into individual health outcomes and thus, individual-level interventions and responsibilities. Biopower's strength also lies in its interaction with larger ideological projects, such as neoliberalism, helping to explain how the management of bodies is connected to other economic and social systems. However, the concept has its weaknesses as well. Counter to the straightforwardness of environmental justice, biopower is complex and at times unclear. Rabinow and Rose (2006) do not hesitate to point out that Foucault was "somewhat imprecise" in his use of the term (p. 197), opening up space for ambiguity. Of more concern, however, is the fact that it is difficult to use the concept to separate power from genuine aid. It may be too easy to mobilize theories of biopower and read all health-promotion

projects as oppressive, top-down exertions of power, leaving little space for understanding how public health programs can intend to do good and successfully aid and support the wellbeing of the public.

Recommendations

Here, I offer a number of recommendations for the improvement of food access programs in New York and beyond. I begin this section by offering two anecdotes from my research that I think best highlight the possibility of food access work to succeed and contribute to an increase in health and well-being in New York's underserved neighbourhoods.

First. My initial interview with a community organization that had partnered with the Brooklyn District Public Health Office on the Shop Healthy Adopt-a-Shop program, was with Darryl Marshal at East New York Farms. In October of 2012 we sat and talked at a picnic table in one of ENYF's big garden spaces (about a mile east of the Friday Brownsville Youthmarket); the rumbling of the elevated subway train overhead made most of my recording inaudible. When the interview was over, Darryl and I walked back to the front door of the community centre where ENYF has its offices. After we said goodbye, I began to unlock my bicycle from the rack outside the building. Darryl noticed this and turned back to me and proudly proclaimed that the bike rack I had used was brand new. He said that the rack showed that city is finally paying attention to East New York, and that the neighbourhood is on its way to being healthier as the city provides bike lanes and bike racks. He told me that

now, people could bike to ENYF's farmers' markets because they have somewhere to lock up.

Second. In March of 2013, I attended the Just Food conference—a gathering of people affiliated with food systems work in New York, put on by the not-for-profit organization Just Food. In one of the final presentations, Bob Lewis, currently of New York State Department of Agriculture and Markets and one of the founders of Greenmarket, remarked on the 37 years since Greenmarket opened and invited farmers into New York City.

> Why is that important? What does it mean? It means that the public space, our space, was made available for people from outside the city. For food producers who needed a place to survive as small producers, especially in the days when inflation made selling wholesale hard to earn a living. *This was public space. We're talking about public issues, public policy, public infrastructure, the public dimension. Why am I in government? Because I believe that government is a powerful force for good. It is not distant, hopelessly lost, and threatening entity that…appears on your doorstep uninvited.*

I offer these as examples of mutual goodwill and trust on the part of both residents of neighbourhoods targeted for intervention and government entities. Darryl, in pointing out the new bicycle racks in East New York, shows that municipal attention to underserved neighbourhoods is appreciated, particularly when it is seen as responsive to actual needs. Similarly, Bob Lewis' statement about the power and potential of the public realm to shape food access for the better is indicative that people working towards food access care about doing things well and in ways that are not "distant, hopelessly lost, and threatening." Their aim is to make a meaningful contribution.

To this end, I offer recommendations for those seeking to improve food access and dietary health in New York City in robust, attentive, and just ways. I begin with broad recommendations for a reorientation of the problem of food access, and follow that with specific suggestions for the Youthmarket and the Shop Healthy programs. I then close the chapter by discussing some unresolved issues and questions for further research.

Overarching Recommendations

In reflecting on this research, I want to dwell on the question posed at the top of Chapter 8: how can city and community leaders accurately understand the needs of the marginalized and design solutions that are achievable, effective, and just? Though the evidence from Youthmarket and Shop Healthy show these benchmarks have not been met through these particular programs, I believe that with a reframing of both rationale and strategy, food access work can be improved. Fundamentally, in order to better understand the needs of underserved communities and plan programs that actually improve diet and health, planners, public health practitioners, and community organizations need to break away from the limiting ways of understanding the world offered by theories of environmental justice and biopolitics.

First, the understanding of the problem must be detached from a narrow understanding of the neighbourhood environment. Rather than latching onto the concept of a "food desert" and seeking to apply it to neighbourhoods like Brownsville, it is imperative that public health officials look at the larger structures that constrain and shape access. The food desert idea has been quite compelling,

and has done much to bring needed attention to food access inequities, but access must be understood in its full sense—as a combination of proximity, affordability, and appropriateness. That is: healthy food must not only be nearby, it must also be well-priced, and be the food that is appropriate to people's situations, including ethnic and cultural food practices and both healthy and pleasurable food desires. In circumstances where people work long hours and have limited time (or space) for shopping, cooking, and eating, appropriate food may include convenience food (such as frozen or packaged items) or prepared ready-to-eat food. Access cannot simply be about selling vegetables. Where affordability is concerned, a wider understanding of the reasons that food is unaffordable to certain populations—poverty, SNAP cuts and reductions (Resnikoff 2014), supermarket and bodega economics, skewed farm subsidies—will do much to re-frame areas of possible intervention.

Second, public health practitioners and program designers ought to avoid engaging with discourses of health that rely on personal choice, normative bodies, and simplified somatic processes. Bodily health is a result of a complex constellation of factors, not just diet and exercise. Notably, a number of recent studies discuss how poverty is implicated in health in a number of ways, such as a meta-analysis that showed a link between long working hours and type 2 diabetes, but only among individuals of low socioeconomic status (Kivimäki et al. 2014). Other research has shown that "fat shaming" does not work to encourage individuals to lose weight. In fact, the opposite is true: weight discrimination has been linked with weight gain (Jackson, Beeken, and Wardle 2014). Beauboeuf-Lafontant (2013) uses an

ethnographic approach to show how these cycles of shame and stress apply to black women and are "fundamentally tied to the life conditions placed upon them to be the 'strong' Black women, the backbones of their communities and the ones left standing when all and everyone else has fallen" (42). Overeating, for these women, is a socially safe coping strategy and, even when confronted with serious health issues, black women struggle about being selfish with their health: "Concern about weight seems a 'luxury' and an indulgence they cannot afford" (50). It is very challenging, then, for black women to follow doctors' orders to lose weight.

Though the efforts to improve food access in the name of health do not rely solely on mobilizing the obesity discourse, overweight and diabetes are consistently named as the key negative health outcomes of inequitable food access. And strategies of shame are part of the Health Department's approach too. In my interview with the woman at the DOH who oversaw Shop Healthy, the conversation turned to the DOH's campaign against soda. She explained:

> We [the DOH] are trying to make [drinking soda] impossible and expensive and also somewhat of a stigma. I mean that's the Health Department's plan, just like with tobacco. So, if you want to buy a soda, people are going to think you don't care about yourself.

This statement supports LeBesco's (2011) claim that that health and eating choices are often a "smokescreen for moral judgments and social condemnation" (160). Instead of this approach, Jackson, Beeken, and Wardle (2014, p. 4) recommend:

> Removing prejudice and blame from weight loss advice might be a better route to promoting weight control. Widespread weight bias has been documented in health professionals, including those who specialize in obesity. Negative attitudes are picked up on by obese patients, who often feel that doctors do not understand how difficult it is to be overweight, and report being treated disrespectfully by the medical profession because of their weight, which may hinder weight loss success.

What these authors say about doctors can be also applied to public health officials who, in the case of Brownsville, display a lack of understanding about the breadth of obstacles to a healthy diet.

The third general recommendation, then, is to take steps to recognize actual needs and concerns of underserved communities characterized by inequitable health outcomes. The DOH must begin from a position of trying to understand people's shopping habits and challenges. The problems they enumerate might lead to different types of solutions, for example, strategies that address transportation to stores or the cleanliness of supermarkets. For instance, if people report that they do not cook healthy meals because they live in crowded apartments without acceptable kitchens, more grocery availability will not help. To achieve this, DOH officials must make greater use of qualitative research, rather than relying on mapping data and extrapolating the problems. Interviews and focus groups with neighbourhood residents and community leaders are key, but these must be supplemented with approaches that observe food-based decision-making in action. These can include accompanying specific respondents on their grocery shopping trips, as well as conducting studies in-place at bodegas, farmers' markets, and supermarkets.

Fourth, the idea of "creating demand" must be returned to its more standard economic definition. A program to increase demand for healthy food must focus on increasing the money that poor households have available for food spending. This can be done through a combination of pushing for an increased minimum wage and consistent scheduling for retail and other workers (Kantor 2014; Luce, Hammad,

and Sipe 2014), increased SNAP allotment and easier enrolment especially for the unemployed (Dickenson 2013), or supply-side subsidies to make food available at much lower prices in low-income neighbourhoods (Field 2014). DOH and other officials know that grocery budgets are a primary concern for low-income shoppers and have implemented effective and appreciated programs that address this directly, such increasing the number of New York City's farmers' markets that accept SNAP (New York City Department of Health and Mental Hygiene 2014a), and implementing the HealthBucks SNAP incentive. However, as the chart of currencies accepted at New York City farmers' markets shows (Chapter Five, Table 2), making use of the multitude of grocery-based income supports can be both confusing and onerous. This system could be simplified by putting all benefits on a single card. The separation into multiple "currencies" aids data collection and record keeping, but not ease of use.

Public health officials are aware of the larger connection between poverty and health, specifically as it relates to diet, but express frustration that addressing income is not within their purview. As one DOH employee told me:

> People may still continue to make poor choices because they're sad, y'know, they want to treat themselves, or they have a bad day or they don't have enough time and they're tired. I mean, those things we can't do much about. And that's why in the end it's a money issue. It's nothing else. And we're not doing anything about money. We're the Health Department. So that's the problem of public health.

However, some scholars have begun to make the claim that addressing poverty very certainly is a public health issue (Sandefur, Martin, and Wells 1998; Hammarström and Janlert 2002; Benach and Muntaner 2007; Mercado et al. 2007; Mikkonen and Raphael 2010; Pollack and Lynch 2011; Covert 2011; Cooper 2013).

Thus, my final general recommendation is that this link be strengthened and that the public health establishment (and those that work on planning to further urban health) work to make addressing poverty part of its responsibility. This reconceptualization makes planning and public health the proper place for addressing poverty and inequality; practitioners will no longer be able to throw up their hands and say "it's not what my department does." This approach opens up space for public health practitioners to involve themselves in issues of poverty directly, not only in the aspects that have clear public health connections such as drug abuse, teen pregnancy, or food access. Mikkonen and Raphael (2010) offer specific policy prescriptions based on the "emerging consensus that income inequality is a key health policy issue that needs to be addressed by governments and policymakers" (p. 13). These proposed policies are increasing the minimum wage, boosting public assistance levels, reducing inequality through progressive taxation, and increasing unionization. A hospital in Toronto has gone even further: recognizing that poverty is a determinant of health, they have responded by prescribing patients "income security" which includes financial advising, help identifying and applying for benefits, and job training (Mojtehedzadeh 2014). There is no reason the New York City Department of Health and Mental Hygiene cannot push for policy prescriptions like these. Mercado et al. (2007) describe the promising way that "health" can unite divergent groups of individuals, communities, institutions, and politicians. This common focus on the importance of health should be able to boost support for anti-poverty goals across sectors.

Specific recommendations for Youthmarket and Shop Healthy

In addition to these general recommendations for planners, public health practitioners, community organizations, and other institutions working on the connections between food, health, and the neighbourhood environment, I offer specific recommendations for the Youthmarket and Shop Healthy programs.

Youthmarket

In Chapter 5, I argued that the Brownsville Youthmarket is unable to address food access and to improve diet-related health outcomes, drawing on the three community-level factors that Young et al. (2011) identify as essential to a successful farmers' market in a low-income neighbourhood: prices that are competitive with or lower than other food retail options; a welcoming location with amenities; and strong, community-based partner. I return to these criteria here. Crucially, the inability of the Brownsville Youthmarket to meet these three criteria is avoidable.

To address prices, understanding the Youthmarket as a social program rather than a business and subsidizing the market in order to lower prices is viable option (and also one suggested by Fisher (1999) and Field (2014)). Youthmarket's 100% markup is a standard retail pricing strategy[77] that need not be the only way of pricing at the Youthmarket. The markup could be made much lower and, given that the Youthmarket program is funded in many ways and that the revenue from sales is quite low, produce could even be sold at cost.

[77] Thanks to Branden Born who pointed this out to me during the 2014 ACSP conference. This fact is confirmed by Bond (n.d.)

To improve the market environment, alternative locations with more amenities could be sought out: parks are popular locations for farmers' markets, in New York City and other places, because they have benches, water fountains, and bathrooms, and are already understood as neighbourhood gathering spaces. Brownsville's Betsey Head Park is one possibility, especially as it is home to one of Brooklyn's 15 free outdoor swimming pools (Adiv 2014) and has a considerable amount of activity during the summer months. Another alternative would be a recurring street closure, as is done at the nearby East New York Farms market. With the whole street available, ENYF sets up chairs and tables for people to sit, eat, and play games.

The issue of a strong community partner is the most difficult to find a solution to. Chapter 5 considered the collaboration between the Brownsville Partnership and GrowNYC and noted the three downsides of GrowNYC's strict rules for the Youthmarkets: the requirement to sell only local produce is expensive, is makes for inconsistent availability of staple and desired foods, and prevents the market from bringing in community vendors and prepared foods. However, the lack of organizational capacity at the Brownsville Partnership makes the collaboration with GrowNYC essential. Much could be done if the BP were able to take the reins of the Youthmarket itself: it could set its own rules; purchase wholesale fruits and vegetables from a variety of sources; and recruit community vendors, educators, and performers. To improve the Youthmarket, more resources have to be put into the Brownsville Partnership as an organization.

On the GrowNYC side, the temptation to trumpet the market's successes without reflection on the difficulties of the model—such as Greenmarket's promotion of its Youthmarket consulting arm (GrowNYC 2013)—is a missed opportunity to make changes that can better address food access, health, and neighbourhood vitality. Possible changes that could be made by GrowNYC include relaxing local-procurement standards for the Youthmarket and allowing the vending of a wider range of fruit and vegetables; making it a priority to include neighbourhood residents in the market to sell jam or prepared food or play music; helping to build capacity of the organizations they work with, particularly the Brownsville Partnership in order to eventually transfer market operations to the community partners directly so they can set their own rules and procedures; and finally, a wholesale rethinking about how the market operates, not as business but as a social program intended to improve food access. All of these require additional reflection on just what issues the market is trying to address—if GrowNYC is committed to equity, it cannot focus only on the support of regional farmers.

As I have expressed, the Brownsville Youthmarket is wonderful in its small way: It provides jobs to youth, usually breaks even on the produce it sells, provides a place for seniors and mothers to spend their Farmers' Market Nutrition Program dollars,[78] and is a space for informal intergenerational conversation about how to

[78] Though, see Fisher (1999) for an interesting discussion of how FMNP coupons may "create a monopoly situation in which farmers have a virtually guaranteed income without having to compete with neighborhood stores…This situation may result in the FMNP becoming more of an economic development program for local farmers than a food access or nutritional enhancement program" (p. 24). As well, the "captive income" of FMNP means that markets that do most of their business in the cheques do not have to do much community organizing to build a support base, which isolates Greenmarket from the communities that they serve.

prepare collard greens, kabocha squash, and *sofrito* as the youth chat with shoppers. Leftover produce is donated to neighbourhood food pantries and taken home by the Youthmarket staff, some of whom are the only people working in their households. Building on these strengths, the Youthmarket can indeed be a force for good in New York City.

Shop Healthy

Shop Healthy's broad limitations are similar to those of Youthmarket; the program neglects to address the triad of price, time, and a consumer preference for supermarkets. It also has drawbacks that centre on the way that it involves community members in the program.

My first recommendation for Shop Healthy is to move the focus away from bodegas and towards supermarkets and small grocery stores. The justifications for corner store interventions usually highlight the lack of supermarkets in target neighbourhoods—and as shown in Chapter 7, this is not absolutely true for New York City. I suggest that the DOH let bodegas be bodegas; they are small, predominately immigrant-run businesses, and meddling with a business model that works in the name of health seems risky. Instead, by turning attention to supermarkets, the DOH can help the sub-par stores address the concerns voiced by neighbourhood residents about cleanliness, organization, courtesy, as well as more technical issues like storage and refrigeration. A reorientation towards supermarkets will also be more sensitive to issues of price, as supermarkets can purchase in quantities that keep prices low.

The most recent iteration of Shop Healthy includes attention to stores larger than bodegas. The Brooklyn District Public Health Office is now also working with stores that have two or more cash registers, and adding supermarket-specific changes to the list of store improvements: putting no- or low-calorie drinks on aisle end-caps, and creating at least one "healthy checkout aisle" that does not have soda or candy available at the register. The Brooklyn DPHO has also recognized that store cleanliness is an issue, and the Shop Healthy coordinator knows that they must take this on given that the neighbourhood with the City's dirtiest stores, Cypress Hills, is within their catchment area.

My second recommendation for Shop Healthy is to develop and strengthen its community engagement aspects. One of Shop Healthy's biggest strength is its community-based focus. Shop Healthy purports to be flexible to different neighbourhood needs; recall Adopt-a-Shop facilitators telling workshop participants "this is your project!" and the DOH employee's discussion of how different groups are able to promote different changes in their local stores, such as schools being able to focus on the availability of healthy snacks and sandwiches rather than persuading stores to stock low-fat milk or low-sodium canned goods. By strengthening the community engagement aspects, Adopt-a-Shop can be more than highly-managed tokenistic participation, it could become a DOH-led program of training willing community members to be active agents of change.

To do this, the DOH must acknowledge when the work it is asking of community member is indeed work, and to pay people for this labor. As the District Public Health Offices are intended to build up underserved areas of New York, hiring

local residents at decent wages to perform community-level work can be immensely beneficial. This would be akin to what the Brownsville Partnership is aiming to do with their Community Planning Partners program; they hired one long-time resident as a CPP to engage with local shops and promote the Greenmarket Co. produce distribution, and another woman (the aunt of one of the Youthmarket's staff) to help with the set-up and take-down of the market.[79]

The third recommendation builds on this. The DOH ought to train people to work on issues of food retail that are within the bounds of regulation, such as expiration dates, health codes, and so on. Many resident complaints are about store practices of questionable legality; these include the sale of products past expiration (or with expiration dates scratched off), unclean stores, and variable pricing. In response, a program that offers participants training on the rules that stores have to follow and their rights as consumers (rather than the importance of eating vegetables) will give community members the basis to advocate for their right to acceptable food retail and to push for changes that are legally enforceable, rather than voluntary and impermanent. This training would be an important step towards building a stronger base of community power, and further community organizing that would allow communities to set their own priorities and fight for better services—whether jobs, housing, increased SNAP dollars, or other issues—that would have-long reaching benefits for health. Building up community capacity through the District Public Health Offices is one clear and concrete way that the

[79] In New York City, the Fund for Public Health acts as an arms-length extension of the DOHMH and makes it possible for to hire people faster than government agencies are able. They could be a valuable partner in this project.

public health establishment of New York City can begin to work on poverty as a public health concern.

Unresolved Issues and Future Research

I end this dissertation by briefly touching on a few unresolved questions and potential avenues for future research on expanding access to fresh and healthy food.

First of all, I do not mean to imply that the health disparities that food access programs seek to redress are not real or are not utterly devastating. The CDC reports that black adults at 50% more likely to die of heart disease and stroke before age 75 than whites, and that diabetes is highest amongst blacks and Hispanics, as well as those with low household incomes and without college degrees (Centers for Disease Control and Prevention, 2013b). Life expectancy also correlates with these racial and educational categories (Olshanksy et al. 2012). Just because this research has critiqued the food access programs that do little to address these widening gaps, does not mean rejecting the underlying premise that confronting health disparities is a crucial issues of social justice. What is uncertain is the level at which the state should intervene. Reorienting public health to take a greater lead in poverty reduction is one place to start, but that will not address the racial disparities that can be separated out from income-related differences.

Racialized health outcomes are a particularly thorny issue for planners, public health practitioners, and community organizations interested in health to address. The question of why it is primarily African American neighbourhoods that have less fresh food and worse health outcomes than other low-income communities is often avoided for the very good reason of wanting to avoid

stereotyping and blame. It is uncomfortable—and politically problematic—to look at a certain group and wonder why they have not managed to open the same kinds of small fruit and vegetable markets common in Caribbean and Asian immigrant neighbourhoods. Public health practitioners and food advocates do not want to be forced to address the different habits and practices amongst different groups because it complicates the environmental paradigm, where people's choices are constrained by their environment

It seems important, though, to ask why African Americans are less likely to start food retail businesses, and to begin this questioning without a hypothesis that this group is simply uninterested in health or nutritious food. Broad questions must include how inequitable food environments are made and how disadvantages are reproduced. This research will necessarily include understanding low rates of African-American entrepreneurship generally (Köllinger and Minniti 2006; Fairlie and Robb 2008; Bogan and Darity Jr. 2008), histories of redlining, unequal access to loans, ethnic disputes around food retail (Kim 2003), concentrated neighbourhood effects (Sampson 2013), histories of colonialism and slavery, the role of sugar and other unhealthy convenience food (Mintz 1986; Moss 2013), and the way that fast food companies disproportionately target black neighbourhoods (Kwate 2008; Ohri-Vachaspati et al. 2014).

A second area of needed research is about the need for nutrition education, particularly among the poor. Almost all of the food access programs that I have looked at include some measure of education around healthy eating and cooking skills despite an overall lack of evidence that this type of education is either needed

or desired. Without a firm understanding of how a lack of knowledge or skill actually contributes to health outcomes, the consistent reliance on these activities makes it possible to dismiss real barriers to a healthy diet. A research project that looks at the Stellar Farmers' Markets program and the Food Bank for New York City's Cookshop program will be key to this area of exploration. By learning how these programs are designed and implemented, who participates, and what their motivations for participating are, we can learn about how food access programs interact with presumed ignorance and lack of skills in the target population.

To further an understanding of the role that farmers' markets play in food access, I also would like conduct an analysis of how non-Greenmarket community farmers' markets meet neighbourhood need. About half of the farmers' markets in New York City are run by community organizations, and these are primarily in Harlem and the outer boroughs. By looking at how these markets respond to issues of price, convenience, produce mix, and neighbourhood vitality, we can gain a broader picture of how farmers' markets can contribute to healthy food access.

Finally, more research is needed into different ways of characterizing a healthy and sufficient (or unhealthy and insufficient) food environment. A project that would develop methods for comparing mapped food deserts to lived neighbourhood realities is essential; LeClair and Aksan (2014) have started this work and building upon it is an exciting frontier for food access research. This project can be expanded by including a greater variety of metrics in studies of food environments such as including fruit and vegetable market and greengrocers, or

looking at the total hours that healthy food is sold and comparing this across neighbourhoods.

These future research plans will help planners, public health staff, and community organizations better understand how to address food and diet-related health issues in New York City. This dissertation has been one step towards this important project.

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Appendix: Interview Questions

Questions for employees of involved agencies and departments:

1. Basic Information

Name:
Title and description of position:
Years in the position:
Prior position (if applicable):
What initiatives have you been involved with? (Healthy Bodegas/green carts/FRESH/other)

2. The program itself

Tell me about Shop Health/Youthmarket
- What are the key elements of the program?
- The structure?
- What are it's objectives?
- What problems is it trying to solve?
- Who is it for?
- How does it work?

How did this program come to be?
- Who instigated it?
- Why?
- How did the elements get decided on? (Why 1% milk, eg?)
- What literature/experts/stakeholders were consulted?
- How the problems [from answer above] come to be seen as problems?

What were the debates around the creation of the program?
- What other options were considered?
- Why were they discarded?

How is the program funded?

3. Your role and other's roles

Who is involved?
- How did each party become involved?
- What are the different roles?
- How do those roles interact?
- Who makes decisions about what elements of the program?

How did you become involved?

What is your role?
Have you taken on other roles in the past?

4. Health and Access

Is there a working definition of health that the program uses?
>>if no: what is your definition of health?
>>if yes: does that definition align with your personal definition?
How does this program turn that definition into a goal?
How does this program promote health?

Why is it important to promote health in this way?

5. Evaluation/outcomes

How is the program evaluated?
Are you involved in evaluation?
What would constitute success?
What would constitute failure?

What impact has the program had?
How is this program affecting people's health?
If the program wasn't making people measurably healthier, would it still be worthwhile?
In what ways could it be better?
What do you think is missing?

Do you expect the program to end?
What would cause it to end?

Questions for Community Organizations

1. Basic Information

Name
Organization
Title and description of position
Length of time in that role
What do you do for work?

2. The Program

I'm curious about your participation in the Youthmarket/Shop Health program.
- How does it work?
- Why did you get involved, chose to take it on?
- What are its goals?
- How is it funded/do you have specific money for it?
- What other food access work do you do?
- How does this fit in?

What is your role in this program?
- Why are you involved?
- How much of a priority is this for you?
- How does this involvement match your other organizational goals?

What role is the program serving for your community?
(prompt: access, sociability, price, health)
- How many people are making use of it?
- Why are they?
- What have you heard from people's experiences?
- Was it difficult to get people interested?
- Do you know why some people aren't participating?

How has your relationship with GrowNYC/DOHMH/DPHO been?
In what ways could the program be better?
(For continuing participants) What are you doing different this year than last?
What have been the best parts?
What would cause you to stop doing it?

3. Health and access

In what ways does your organization focus on health?
- Why is health a priority?
- Has involvement with this program changed the way your organization looks at health?
- What other health-based initiatives are you involved in?

Is there a nutrition education component?
How are these programs affecting your community' health?
If the program wasn't making people measurably healthier, would it still be worthwhile?

4. Evaluation/outcomes

How is the program and the partnership being evaluated?
Are you involved in evaluation?
What would constitute success?
What would constitute failure?

What impact has the program/partnership had?
Do you expect the partnership to end?
What would cause it to end?

Questions for Youthmarket Staff

Tell me a little bit about your life.

How did you get involved in Youthmarket?
What drew you to it?
What parts of it do you like most (market, nutrition, seniors, time with the group/Abigail)?

Did you care about food access in Brownsville before you joined?
What makes you care now?
You are able to talk really easily about produce, healthy eating, etc. – where did you get that knowledge?

Tell me about your perceptions of food in Brownsville:
Is it available?
Prices?
When did you start noticing it?
Why is it the way it is, do you think?

Who in your house cooks?
Shops?
Where do they do it?

Abigail once told me that part of the point of youthmarket was to turn you guys, the youth, into ambassadors for healthy eating in the community. Does that happen? And how?

Have you worked at other Youthmarket locations?
(if yes) What was it like?
What made it different from our markets?
Why do you think that is?

Tell me more about how different people care more or less about healthy food
Why do you think that is?

What makes youthmarket good?
What parts do you like the most?
What kind of impact do you think it has?
What could make it better?
What would you want to change?

Questions for Adopters of Shops

Name, School or org, grade or community, or title.

How did you get involved in Adopt-a-Shop?
Why did you take it on?
What goals did you have going in?

Have you taught about food and nutrition before?
What other food stuff have you done?

I know there is some flexibility with the program, what are you doing with it?
Have you managed to accomplish all the parts that the BKPHO requires or requests?

How has your school/organization supported you?
Does the school/organization have a food and health focus?
Are other teachers at your school/organization employees participating?
What are their roles?

How helpful has the DPHO been?
What has your relationship with the DPHO been like?

Have you received any money for the project?

What parts have been easy? What have your successes been?
What has been difficult?
What would you change about Adopt-a-Shop?
Are you going to do it again?
Would you take on a different food related project?